WESTMINSTER HOSPITAL.

Practical Clinical Remarks
ON
PARTICULAR FORMS OF RENAL DISEASE.

By W. R. BASHAM, M.D.,
PHYSICIAN TO THE WESTMINSTER HOSPITAL, ETC. ETC.

RENAL ABSCESS.

GENTLEMEN,—The following case offers several points of interest for clinical study, and is valuable to the student as presenting favourable opportunities for observing the most characteristic and diagnostic symptoms of a form of renal disease of unfrequent occurrence. Renal abscess from calculus of the kidney is certainly not rare, but renal abscess from a calculus impacted in the pelvis of one kidney, accompanied by intermissions of the purulent discharge, and, for days, complete absence of pus from the urine, is of unusual occurrence, and furnishes a most instructive subject for the attention of the student in clinical medicine.

Mary Anne C——, aged forty-one, was admitted into the Westminster Hospital in August last, suffering apparently from obscure symptoms of dysentery. She was treated, in my absence from town, for the diarrhœa which had been present for three weeks before admission. I did not see her till the first week in October, when I was at once struck with the presence of pus in the urine, which she stated had been present in greater or less quantity for a long time. Upon making an examination of the abdominal region, a greater fulness in the left lumbar space was detected, and accompanied by doubtful evidence of fluctuation. Pressure caused a sense of pain in the direction of the left groin, and at the bottom of the pubis. I am indebted to Mr. Middleton, the clinical assistant, for the following history before admission. It suggests the probability of a vesical calculus at one period; but in this the patient's account as to the sequel of the symptoms of calculus in the bladder is obscure. She stated that she lived in the West Indies for three years, returning to England in October, 1858. During her residence in the West Indies she appears to have suffered from dysentery, as well as from some disorder of the functions of the bladder. Her statement is, that she suffered from retention of urine and difficult micturition for some weeks. The urine was drawn off in small quantities from time to time by the catheter, at which period much constitutional disturbance, with fever, occurred. At that time her life was despaired of. The urine, she states, was always ropy, and could be drawn in shreds, and the bladder was frequently washed out with injections of warm water. In the midst of her sufferings she suddenly experienced a sensation as if something had given way, which was followed by the discharge from the bladder of a quantity of viscid, red, and purulent-looking fluid, and which continued in daily decreasing quantity. This gave her great relief. After her return to England in October, 1858, she continued to suffer severe lumbar pain, particularly aggravated on walking, or on the body being jarred in any way. This was accompanied by a yellow deposit in her urine. She states that during the past year she has suffered from dyspeptic symptoms, of which pyrosis appears the most prominent. During the month of August she suffered from diarrhœa, with pale-coloured dejections, stated to have been shreddy, and mixed with blood. In my absence she was treated for these symptoms; copious bulky fæcal dejections followed the treatment adopted by Dr. Fincham, from which she experienced much relief. It was in the first week of October that, finding she complained much of a constant severe pain in the left lumbar region, an examination of the abdomen was made, and the urine found to contain a notable deposit of pus. The examination of the abdomen demonstrated the following conditions:—The symmetry of its outline was not disturbed to the eye as regarded the anterior aspect; laterally, the hollow of the lumbar space of the left side was less, and appeared fuller than the opposite. Percussion at this period did not develop anything unusual. Grasping the lumbar space with the right hand, and making steady pressure with the thumb in front, caused considerable pain, amounting almost to a sense of sickness and faintness. No sense of fluctuation could be detected at this time. She stated that she had frequently experienced an aching pain at the crest of the ilium of that side, with a feeling of numbness extending down the thigh, in the direction of the external cutaneous crural nerve. She was occasionally troubled with frequency of micturition, and pain at the neck of the bladder, relieved, however, by the passing of urine. This fluid, when set at rest, separated into an upper, perfectly clear, and natural-looking urine, and a sediment, yellowish in colour, and creamy, but perfectly limpid in consistence. This, to the ordinary chemical reagents, and to examination by the microscope, afforded proof of its being pus. The clear supernatant urine was slightly albuminous, from the admixture with the liquor puris. That the bladder was not implicated was inferred from the absence of ropiness and mucosity from the urine, and the separation so readily of the pus as a distinct, well-defined sediment. Some epithelium from the ureters was once observed, but nothing else but pus-cells have ever been detected by the microscope. The opinion then formed was that there was renal abscess from a calculus impacted in one or both kidneys. At that time the urine was continuously purulent; each micturition contained pus. Although the direction of the symptoms led to the opinion that the left kidney was the more severely implicated, it was impossible then to pronounce, as the sequel enables me to do, that the right kidney was free from disease. She was ordered ten grains of Dover's powder each night, and to take the decoction of uva ursi three times a day. There was some apparent improvement at first; but after taking the astringent for three days, some blood appeared in the urine, and it was discontinued; it was resumed on the 14th of October, the purulent deposit remaining undiminished, but the patient becoming much freer from pain, and ostensibly improving in all other respects. There was, however, acute pain in the left lumbar region, and much aggravated by pressure.

And now (Oct. 28th) commenced a series of symptoms which, when read rightly, afford a most intelligible explanation, not only of the disease itself, but of the course it will probably run. The urine continued undiminished in quantity, but there was a *sudden*, not gradual, but sudden and abrupt disappearance of all purulent deposit. The urine was perfectly natural; not a trace of albumen, or cell-form, except vesical and urethral epithelium. But step by step with this visible return to healthy urine, the sufferings of the patient increased; the left lumbar region became sensibly fuller; the left iliac space filled up; the abdomen became larger to the left side, and unsymmetrical. A distinct sense of fluctuation could be detected, and the most acute suffering was induced by making pressure on the left side, the pain always darting pungently to the pubis in the direction of the neck of the bladder. There was some febrile disturbance, which was only partially allayed by diaphoretics, fomentations, and sinapisms. She found relief from large doses of opium, Battley's solution being the preparation employed. There could be no doubt now as to the explanation of these occurrences. The left kidney was the seat of a calculus, which, up to this period had, in all probability, been retained either within the calyces, or in the upper part of the pelvis of the kidney, where its presence had caused a daily, continuous, and unobstructed flow of pus mixed with the urine. This calculus gets displaced, and lodges in the infundibulum; it blocks the entrance to the ureter, and causes the purulent secretion to become suddenly arrested. The urine is no longer purulent; on the contrary, it is natural and healthy. We infer, therefore, that the right kidney is free in its functions, and healthy in its secretion. But corresponding to the abrupt disappearance of the pus from the urine is the slow but palpable increase of a fluctuating tumour in the position of the left kidney, and with an accompanying amount of suffering of the patient. Remedies fail to give relief, except the blunting influence of the narcotic, which procures a temporary lull to the anguish, darting and stabbing and shooting downwards, in the direction of the ureter to the neck of the bladder. Micturition was at this period very frequent, and there was much pain both before and after passing urine, with a pungent pain down the left hip and thigh.

These symptoms continued without any but temporary mitigation to November 10th, when pus began to reappear in the urine. On this day she experienced relief; the urine exhibited distinct evidence of the presence of pus. The perspiration,

which had been excessive at night, subsided, and there was much less tenderness and fulness in the left lumbar region.

On the 11th and 12th November, the report speaks favourably of the change of symptoms: the bowels were very loose; the tongue was natural; pulse moderate and soft; and the appetite improved. The lumbar region is much decreased in fulness, and there is but little pain caused by pressure; the amount of pus in the urine increased daily. These favourable symptoms continued (Nov. 15th), when the urine became scanty and clear.

On the 16th, the fulness of the left side had notably increased, and there was much increase of suffering; shivering was complained of, and profuse perspiration broke out at night. Fomentations with hot flannels and opiates temporarily relieved her sufferings.

On the 21st of November, pus again made its appearance, and with a similar modification of the symptoms.

The urine continued purulent till the 26th, the lumbar region decreasing in fulness, the bowels remaining very active, and the sufferings of the patient materially relieved.

This state continued up to the evening of the 1st December; the patient had voluntarily omitted the opiate, and her appearance justified the conclusion that for several days she had been free from pain or uneasiness. On the evening of this day the urine again became clear, and lost all trace of pus, which was immediately associated with a sense of tightness and distress, and tenderness in the left lumbar region. Sympathetic pains extended to the crest of the ilium, to the groin, and symphysis pubis.

On the 9th, once more her sufferings were relieved by the presence of a copious deposit of pus in the urine, which continued for five days; the report of the 14th stating that the urine was quite clear, and the patient exhibiting painful signs of distress, which have now been so regularly associated with absence of pus in the urine and increase of the renal tumour, that the reappearance of the purulent deposit is looked for as the only certain source of relief to her sufferings.

This state continued to December 28th, the urine during the last fortnight never becoming more than slightly hazy by the presence of pus-corpuscles. The renal tumour has during this interval increased much in size. There is a much greater prominence of the abdominal wall to the left of the umbilicus. The lumbar or iliac space is filled up; distinct fluctuation can be detected. This kind of percussion produces much pain, and any amount of pressure excites a sensation of a stabbing character in the direction of the pubis. To the right of the umbilicus the natural resonance of the abdomen exists; on the left the absence of resonance extends not so far forward as it did, in consequence of the flatulent state of the large bowel. On the morning of this day, pus began to appear in increasing quantity, and throughout the day was estimated at more than a pint.

The urine, on the morning of the 29th, was opaque and milky, or rather of a creamy, yellow appearance; and when set at rest, it afforded a deposit which occupied more than half the glass. This great augmentation in the purulent discharge has brought a proportionate amount of relief to the patient: she slept better last night, and is much freer from pain. The tongue is clean, pulse quiet and natural, and the appetite moderate. The bowels continue much relaxed, but there is no appearance of pus in the dejections. The abdominal walls are not so tense as two days since, but soft, although prominent and tympanitic.

The nature of this case cannot be mistaken: it is an abscess of the left kidney, originally excited by the presence of a calculus. The disease commenced with symptoms of calculous pyelitis, or calculous nephritis—it is impossible to say which, as the early history of the symptoms of the patient is imperfect. From the moment, however, that attention was drawn to the state of the urine, with the accompanying symptoms, no doubt existed as to the origin of the pus, or the nature of the disease; but the subsequent progress of the symptoms is remarkable for the additional aid it affords to a correct diagnosis. If urine presents an opaque, milky, or cream-like appearance when passed—is limpid, and not viscid—readily separates into an upper clear portion, which is albuminous, and a lower deposit of a pale-yellow sediment—if that sediment, by the addition of liquor potassæ, be converted into a ropy, gelatinous magma—if the microscope exhibits numerous corpuscles, which the addition of acetic acid develops into a well-marked cell-wall, with a trefoiled or reniform nucleus,—then it may be certain that pus is present in the urine. The next point is to determine its source. It might be derived from the urinary passages, the bladder, or the kidneys. If from the urethra, evidence of local irritation is not difficult to obtain; moreover, the quantity of purulent discharge is never sufficient to form any very notable sediment. The microscope would exhibit the presence of pus-cells; but the number would never give to the urine an albuminous reaction by heat and nitric acid. Urethral disease is therefore excluded. But the bladder may be the source. Now, apart from the symptoms which are peculiarly characteristic of vesical inflammation and irritation, the urine always exhibits a peculiarity which is a valuable guide to the student. In all cases of vesical mischief, whether from the presence of calculus, or gouty inflammation, or simple catarrh of the bladder, the urine, as quickly as it enters the bladder, undergoes partial decomposition. The epithelium and mucous or exudation corpuscles set up a rapid molecular change in the urine; it quickly loses its acidity; it becomes neutral, or positively alkaline: and this state rapidly disintegrates the cells, their walls are dissolved, and the contained mucus set free; the whole fluid becomes viscid, tenacious, and ropy, and, poured from one vessel to another, exhibits a similar viscidity to that produced on pus by the addition of liquor potassæ. The urine is frequently in this state before it leaves the bladder; more frequently, however, it becomes so within an hour or two of its excretion. In such urine abundant prismatic crystals of the triple phosphate are always visible, from the rapid crystallization of this salt from neutral urines. The state and appearance of the urine, then, in this case, exclude the bladder as a probable source. Experience teaches, that renal abscess, from whatever cause, produces the largest and most characteristic supply of pus in the urine. When the kidneys become the seat of calculous deposit or of tubercular infiltration, pus is formed in abundance: in the latter disease, in a continuing and gradually augmenting quantity, accompanied by rapid emaciation and death by exhaustion; in the former, by the presence of pus intermitting in quantity, the urine occasionally being clear, and the general condition of the patient not deteriorating to any marked extent; the loss of strength and flesh not often being very marked, and never in proportion to the amount of pain experienced by the patient. The urine is opaque and turbid; but it is always fluid and free from viscosity when passed. It is faintly acid in its reaction, and the clear supernatant stratum yields proofs of the presence of albumen derived from the liquor puris. The action of liquor potassæ on the sediment is very characteristic. The opaque, turbid deposit gradually becomes clear, and acquires an appearance and viscidity strongly resembling white-of-egg as it pours from the shell. This viscidity is caused by the solution of the cell-wall in the alkali, and the escape of the contents of the cell in the form of mucin. Not until the lapse of many hours do any crystalline forms appear in the purulent fluid derived from the kidneys: then the prismatic crystals of the triple phosphates are formed, the result of the molecular changes produced by decomposition; such as happens, only more slowly, in healthy urine.

These, then, are the characteristic appearances of urine purulent from mischief in the kidney. Now let me examine the symptoms which more particularly demonstrate the source from which the pus is derived. Frequency of micturition, and the pain preceding, are of constant occurrence. These symptoms are, however, common to most diseases of the kidney—whether the inflammatory stage of acute albuminuria or the more chronic progress of the disease. Nevertheless, the pain referred to the neck of the bladder or extremity of the urethra—relieved by micturition, and acquiring intensity as small quantities of urine collect in the bladder—is more marked in those diseases of the kidney which are accompanied by the formation of pus. The next most characteristic symptom is the lumbar pain, with its associated sympathetic states of branches of the nerves derived from the lumbar plexus. The pain referred to one side or the other of the loins is, even in the early stage of these complaints, aggravated by pressure; and also by anything which suddenly jars the frame, such as walking on uneven ground, jumping, riding, either on horseback or in a carriage over a rough road. An aching sensation is often referred to the crest of the ilium, to the groin, or to the pubis; and frequently there is numbness down the outside of the thigh, and, in the male, retractation of the testicle on the side of the diseased kidney. Such symptoms as these are symptomatic of calculous disease of the kidney. A calculus may be, and often is, formed and impacted in one of the cup-shaped involutions of mucous membrane surrounding the apex of the cones—*the calyces*. Here it gives rise to all or most of the above-enumerated symptoms. But so long as it is confined to that spot, the purulent secretion formed by its presence has a free outlet, and the kidney undergoes no enlargement; but simply a pouch-like cavity is formed in which the calculus is retained. But frequently one of two events follows: either the calculus becomes disengaged from its position, escapes into the infundibulum, and, if not too large, passes down the ureter

into the bladder, with, in some cases, well-marked symptoms of an aggravated colic; in others, this is not so apparent. The calculus may now either increase in size by apposition of layer on layer of uriniferous deposit, with all the characteristic signs of stone in the bladder, or, in some cases, particularly in females, it may escape, after giving some trouble, through the urethra. There is, in the history of this case, some obscure and doubtful evidence of such vesical trouble having occurred in the West Indies, when she passed such ropy urine, and when the bladder, according to her account, was frequently injected with tepid water. The other event is that the calculus, either originally too large, or rapidly increasing in size, for the most part by the accretion of urate of ammonia on its surface, becomes too large to pass down the ureter, but is fixed and lodged in the infundibulum or pelvis of the kidney. The larger the size of the calculus the more abundant the secretion of pus; the larger the size of the calculus, the more complete also will be the obstruction to the free escape, not only of the purulent matter, but also of the urine formed by the secreting portion of the organ hitherto uninjured. As the calculus grows, the impediment increases; and now a slow and gradual dilating force begins to be exercised by the accumulating contents, and a renal tumour becomes apparent; slight fluctuation is perceptible in the lumbar space; the pus, by degrees at first, but in subsequent stages often suddenly, ceases to appear; and corresponding with this disappearance is the increase in the size of the renal tumour, and a considerable aggravation of the patient's sufferings. But the dilating force going on within the kidney exercises often, and frequently in the early progress of such cases, such an expansive power as to cause the obstructed canal partially to yield and permit the escape of the urino-purulent contents of the now sacculated kidney. Relief follows, and continues so long as the discharge continues. Ultimately, however, in many cases, the passage by the ureter becomes permanently closed. The dilating force proceeds till all vestige of secreting structure becomes obliterated, and the wall of the sac consists of the cortex of the kidney with the cones or mammary bodies entirely lost, or only obscurely to be traced. In other cases, the patient dies before the dilatation has reached this extent, and the kidney presents the appearance of pouch-like enlargements, corresponding in number to the calyces. The former cases are rare; but I have known a temporary cure established by the opening of the sac by ulceration into the contiguous intestine, either the ascending colon, or the sigmoid flexure, according as the disease has been in the right or left kidney. A copious, sudden, and, for the time, exhausting diarrhœa, emptied the sac, and caused its subsequent collapse and condensation.

The case under consideration presents all the symptoms, both objective and subjective, which are pathognomonic of renal abscess from the presence of a calculus. The state of the urine, its purulent character at one time, with subsidence of the fulness in the lumbar region and a mitigation of symptoms; the cessation of the purulent drain, and a corresponding increase of fluctuation in the left side, and aggravation of suffering; the obscure history of some renal and vesical disorder in the West Indies; of a period when any sudden jar caused a darting pain in the left kidney; together with the sympathetic states of those cutaneous branches of nerves derived from the lumbar plexus, constitute a category of symptoms which may be considered decisively pathognomonic of abscess of the kidney from the presence of a calculus. It is not a little remarkable that the general health of such patients should apparently suffer so little. Years pass on, and although their sufferings are at times acute, yet neither loss of flesh nor appetite becomes very apparent. This will, of course, largely depend on the judgment with which they are treated; but with moderate care life may be prolonged, and considerable relief obtained from the pain, which recurs most poignantly at the periods of the disappearance of pus from the urine. There is yet one other matter in this case worthy of remark; it is the perfectly natural state of the urine at those periods when the pus disappears, and the tumour begins to increase in size. The natural inference from this fact is, that the right kidney is free from disease, and capable, for the present at least, of performing the depurating office of discharging from the system the excrementitious constituents of the urine.

SOAP BARK OF SOUTH AMERICA.—Some months since, a peculiar bark was introduced into European commerce, and recommended for employment in the process of washing and cleansing delicate textures, such as coloured woollens and silks. Professor Bleekrode, of Delft, has published the results of a careful chemical examination of this remarkable and interesting substance. Its emulsive powers as to oil are very great, and the cold prepared extract well deserves the name of Vegetable Soap: it is employed for washing.

OBSERVATIONS ON LITHOTRITY.

BY WILLIAM COULSON, ESQ.,
SURGEON TO ST. MARY'S HOSPITAL.

THIRTY-FIVE YEARS have now elapsed since the first operation of lithotrity was successfully performed by M. Civiale. The discussions to which this operation—or rather this particular mode of operating—gave rise are well known. By the most eminent French surgeons, lithotrity was denounced as a chimera; and in this country, from various causes, it did not at first receive the consideration which it deserved. Truth has at last prevailed, and lithotrity has now become one of the recognised operations of surgery.

In the observations which I am about to offer, I intend to confine myself to the principal points connected with the operation, and to such as my own experience has suggested to me.

The treatment of stone in the bladder is attended with this peculiarity, that the ordinary rule of treatment must be reversed, and the effect instead of the cause of the malady be attacked. Hence the first question which the surgeon has to determine in any curable case of stone in the bladder is, whether lithotomy or lithotrity should be employed. I shall take it for granted that no one will now deny the superiority of lithotrity over lithotomy in all cases to which the crushing operation is applicable. Hence the primary question—Is the case suited for lithotrity? In many cases the life of the patient and the reputation of the surgeon will depend on the way in which this question is solved. In simple cases the success of lithotrity is striking; by two or three operations, attended with little pain or danger, the stone is removed from the bladder. But this safe and simple process becomes one of a dangerous character when applied to cases to which it is inapplicable. Some cases are evidently suited for the operation, whilst others are evidently unfit for it. It is the intermediate class with which the difficulty arises. Thus, when the stone is small, and the genito-urinary organs are sound, a speedy cure may be confidently expected. On the other hand, when the stone is large and hard, and the urinary organs are much diseased, lithotrity is unsuitable to the case. But between these extremes there is a great number of cases where the indications are not so clear—where it is difficult, indeed, to determine whether the operation should be performed or rejected. Although each case must be decided on its own merits, a few general observations may not be without use.

Like all other surgical operations, lithotrity requires certain conditions which are essential to its successful performance. To understand what these conditions are, it is only necessary to recall to mind in what the operation of lithotrity consists. First, certain instruments are introduced into the bladder, which has previously received some fluid to protect it. Secondly, the calculus is seized and broken into small fragments. Thirdly, these fragments are passed from the bladder naturally, or are removed by the aid of injections and instruments. Lastly, it is an essential condition that these several steps of the operation should be completed without producing any injury to the urinary organs, or seriously disturbing the general health of the patient. To perform lithotrity in a scientific and successful manner, these different conditions must be strictly fulfilled; and in any case where it is probable that these conditions cannot be fulfilled, the operation of lithotrity is inapplicable.

It is evident, therefore, that in forming a judgment on the nature of any case previous to operating, two important points are to be regarded: First, the size of the stone to be removed; and next, the condition of the urinary organs. I do not dwell on the general health, because this usually depends on the state of the urinary organs, and is regulated by their condition. In every case, accurate information on these two points should be obtained before lithotrity is attempted, for neglect in this matter may be attended with serious consequences. This information can only be acquired by the most careful examination with those instruments and means which modern science has furnished.

Lithotrity is a peculiar operation. In nearly all other surgical procedures we see what we are about, or are assisted by the sensations of our fingers; whereas lithotrity is carried on from the beginning to the end in the dark, the sensations which guide us being conveyed through the medium of instruments, and not directly by the touch. Hence it is of the utmost importance that as much information as possible should be obtained before the operation is commenced.

I have already shown that the principal difficulties of the operation are connected with the physical condition of the stone and the state of the urinary organs. Now, it is impossible to obtain precise information on these points without previous examination. In fact, this examination serves a double purpose: it enables us to determine whether lithotrity is suited to the case, and, next, it clears up many points on which the facility and ultimate success of the operation may depend.

The mode of conducting the first examination is as follows:—The patient being placed in the recumbent position, with the pelvis raised and the body depressed, four to six ounces of tepid water should be injected into the bladder. He should then be examined, either with a sound having the curved part short, or with a lithotrite, the curved portion of which is likewise short, while the blades are wide and flat. In ordinary cases the short-curved sound will be quite sufficient, but whenever there is difficulty in detecting the stone, or the coexistence of organic mischief is suspected, the lithotrite should be employed. The advantages of the lithotrite over the sound as an exploratory instrument have been clearly established. M. Civiale, in his fourth letter on Lithotrity, mentions some cases illustrative of this point; and most surgeons of experience in calculous cases have succeeded in detecting with the lithotrite a small stone which had eluded their search with the sound. In some cases, however, even with the aid of the lithotrite, it is difficult to detect the calculus. The causes of the difficulty are now, for the most part, well understood. The stone may be small and concealed behind an enlarged prostate, or the sensibility of the bladder may be so great as to render it extremely difficult to make the necessary examination. In other cases, the great capacity and feeble contractility of the bladder are obstacles to the discovery of a small stone. In ordinary instances, the calculus, when concealed behind an enlarged prostate, may be detected with the short-curved sound or the lithotrite, provided the instrument be first reversed, its handle then depressed and afterwards raised, so that the point of the instrument shall reach the bladder immediately behind the prostate. In these cases the instrument employed for the examination should be longer than those in ordinary use.

In some remarks on lithotritic instruments, in cases of enlarged prostate which I contributed to THE LANCET of Jan. 30th, 1858, I alluded to the changes in the genito-urinary organs produced by enlargement of the prostate, and requiring the use of peculiar lithotritic instruments. One constant effect of prostatic enlargement is elongation of the urethra, this elongation being mainly confined to the prostatic portion of the urethra. In these cases the orifice of the bladder is thrown backward in proportion to the development of the enlarged gland. Hence the surgeon is very likely to find the point of the instrument which he uses catch against the superior wall of the canal before it enters the bladder. The shorter the instrument he employs, the more likely it is that he will meet with this obstacle.

Another effect of prostatic enlargement, especially when confined to the middle lobe of the prostate, is to produce changes in the floor of the bladder. The extension of the middle lobe of the prostate backward forms a reservoir or sac behind the enlarged gland. In this saccular depression of the floor the urine dwells, and a calculus may be lodged, the detection of which is often very difficult.

In all these cases a longer lithotrite than that usually employed is indispensably necessary. The reasons may easily be made clear. The length of the canal is increased by at least an inch. The enlarged prostate encroaches another inch or more on the front part of the floor of the bladder. The calculus lies in a sort of pouch, before which the enlarged lobe of the gland rises like a bar. Hence the necessity for an instrument longer by two or three inches than that in ordinary use. I mentioned in the paper referred to, the case of a patient sent to me by Mr. James, surgeon, of Uxbridge, in whom I could not well reach the stone with ordinary instruments; and since that time, on a patient of Mr. Tatham, of Brighton, I was obliged to employ a yet longer instrument—one measuring fourteen inches. With this I could well reach the stone. With the long lithotrite it is not necessary to push the instrument up to the shoulder; but a short and sharply-curved beak must be used, and the pelvis must be raised. If the pelvis be not raised, the calculus may lie concealed behind the prostate. It is not sufficient merely to raise the lower extremities. But if the pelvis be raised, the calculus will be displaced towards the posterior wall of the bladder. In this way a cautious and practised hand will often fall upon the stone with remarkable ease.

If the stone cannot be felt by this method, we may succeed by examining the bladder in different states of its capacity. The best instrument for making this examination is the hollow lithoclaste of M. Civiale, from the use of which I have derived great assistance. This instrument is a small lithotrite, short in the blades, and having along the centre of the male branch a groove, through which any fluid in the bladder slowly escapes. The mode of using it is simple. Three or more ounces of tepid water are thrown into the bladder, and the lithoclaste is introduced before any of the fluid is allowed to escape. The instrument is now slightly opened, and while the fluid escapes through the central groove, the extremity of the opened instrument is slowly brought into contact with the different parts of the bladder. This method is likewise applicable to the final examination of the bladder after lithotrity, for the purpose of deciding whether any fragment of the stone remains behind.

Having recognised the presence of a stone in the bladder, and formed some opinion of its size, we also by this examination learn the degree of sensibility and the physical state of the urethra; we ascertain whether any considerable enlargement of the prostate exists, and discover the condition of the bladder; all which various conditions, it is unnecessary to observe, are those which influence the surgeon in the selection of lithotrity as the operation best suited to the case. When the urethra is in a healthy state, the prostate not much enlarged, and the bladder capable of retaining four or more ounces of fluid, the operation of lithotrity is easy of performance, and generally free from pain and danger.

CONTRIBUTIONS TO UTERINE PATHOLOGY.

By E. J. TILT, M.D., M.R.C.P.,
SENIOR PHYSICIAN TO THE FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY.

COMPLICATIONS OF UTERINE DISEASE—DYSPEPSIA, NEURALGIA, PARAPLEGIA.

BESIDES those flattering cases in which judicious treatment is repaid by proportional improvements, there must be some in which, for a long time, the best treatment will only be met by partial success. These exceptional cases satisfy neither the patient nor the physician; but it is much more useful to study them, in all their different bearings, than to relate simpler ones, in which the artist has an easy triumph to record.

Miss —— consulted me last August, walking into my study slowly, with difficulty, and dragging one leg after the other. She was twenty-five years of age, single, of middle stature, slender make, and delicate-looking. Her antecedents were good, and her own health had been excellent until her eighteenth year. Menstruation first appeared at fourteen, and was regular and normal until the eighteenth year, when, without any assignable cause, pain in the lower part of the back and sacrum first came on, and it has continued, combined with other symptoms, for seven years, during which period she has never been well for two months at a time. During this long course of sickness the patient has often suffered from severe pain in the lower part of the abdomen, and from leucorrhœa, as well as from habitual and considerable gastro-intestinal disturbance; and to remedy this state of things a very judicious selection of tonic and other medicines had been prescribed by Mr. Mott, of Walton, who had urged the importance of an examination. This was not permitted until rendered imperative by the severity of the symptoms, when I found the vagina irritable; the neck of the womb exquisitely sensitive, of proper size, but very red, without ulceration, excoriation, or abnormal hardness of tissue; the cervix full of its gelatinous secretion; and there was a creamy discharge in the vagina. The patient was no doubt suffering from subacute inflammation of the neck of the womb, but it was associated with a very obstinate morbid condition of the gastro-intestinal mucous membrane. The tongue was so thickly furred that it resembled a sheepskin door-mat seen through the wrong end of a telescope, indicating an analogous state of the lining membrane of the stomach and intestines. Digestion was often difficult and painful, but the pain was chiefly referred to the hypogastric region. Habitually dull and bearable, the pain was often so sharp and agonizing, that the patient gave it a substantive existence, speaking of it as "the spasm." It would come of its own accord, and be often brought on or increased by menstruation, or by the

smallest quantity of food or drink, so much so that the patient often went without regular meals. Distension of the intestines often gives great pain, but in this case they were not much distended by flatus, and "the spasm" was quite independent of this cause of distress. The pain occasions nausea, but no sickness; indeed the patient is never sick, except when opium has been given.

But why should this dyspeptic condition have lasted so long? The skin has its interminable psoriasis, acne rosacea, and other affections, maintaining their ground, notwithstanding treatment and long lapse of years; why should we be surprised to meet with equally interminable affections of the internal skin, of the gastro-intestinal mucous membrane, and of the sexual mucous membrane?

Besides chronic disorder of the mucous membranes, there were unusually severe forms of neuralgia: neuralgia of the intestinal nerves, to which must be referred the fits of severe abdominal pain, perhaps the dyspeptic state, (although in another case, now under treatment, the abdominal pains are still more severe, and, nevertheless, the tongue is clean;) lumbo-abdominal neuralgia, numbness and pain in the back and in the lower limbs, with difficulty of walking; neuralgia of the neck of the womb itself—the irritable uterus of Gooch, who had no speculum wherewith to view the inflamed uterus. But notwithstanding this permanent torture of so many different nerves, the patient is not nervous, no *malade imaginaire*, but a sensible woman, reasoning soundly upon sufferings borne with fortitude indomitable; she is not hysterical, being subject neither to globus hystericus, nor to hysterical fits or convulsions. A near relative had speedily rallied under surgical treatment, so my patient anticipated similar results; but I explained that, in the case of her relative, a simple ulcer of the neck of the womb, in a lady of a good constitution, had quickly healed under energetic measures, whereas, in her own case, there was a chronic morbid condition of the whole uterine tissues, not warranting the use of strong caustic applications, thus precluding the hope of the speedy cure often the result of heroic measures. The rise of the complaint, without an external cause, implied a deep-rooted morbid tendency on the part of the sexual system, which had since then protracted the disease for seven years.

With regard to treatment, assuming that the uterine disease had incited and perpetuated the neuralgic and the dyspeptic conditions, I directed my chief attention to the treatment of the womb; and, indeed, all the usual remedies for neuralgia and dyspepsia had been repeatedly tried. Summer not being a suitable time for remaining in town, I ordered vaginal injections to be carefully made, twice a day, with a solution of acetate of lead, one drachm to the pint of water, a teaspoonful of laudanum to be added to each injection. I recommended injections to be also made, twice a day, into the bowels with two tablespoonfuls of warm milk, to which was to be added one tablespoonful of the following solution:—Tincture of hyoscyamus, one ounce; Battley's solution of opium, two drachms, to four ounces of water. The liniment to be applied, twice a day, to the abdomen, was to be made of chloroform, laudanum, and oil of turpentine, of each half an ounce, with two drachms of camphor, and two ounces and a half of sweet oil. Two tablespoonfuls of the following mixture were to be taken, three times a day, before meals:—Three drachms of diluted phosphoric acid, six of tincture of orange-peel, to five ounces of infusion of cascarilla. Fifteen drops of liquor potassæ were to be taken, in a wineglass of cold water, three times a day, directly after meals. Two grains of extract of hyoscyamus, with two grains of Dover's powder, were also prescribed as a pill to be taken every night for a few days, and then occasionally. Walking exercise was forbidden, as it greatly increased the patient's sufferings.

This plan of treatment was continued for some weeks with slight improvement; and, when the patient came to town, I painted the neck of the womb, inside and out, with a solution of nitrate of silver, forty grains to the ounce of distilled water, twice a week; the rest of the treatment previously advised was continued, with the exception of the mixture, which was replaced by the following:—Nitrate of bismuth, two drachms; diluted hydrocyanic acid, one scruple; mucilage, one ounce; distilled water, five ounces: one tablespoonful to be taken three times a day.

When Dr. Henry Bennet saw the patient, during my absence from town, he took my view of the case, and continued the same treatment until his retirement from London practice. On the patient's leaving town, after a six weeks' residence, there was slight improvement of the uterine affection; none in the neuralgic and dyspeptic phenomena. I recommended the careful continuance of the injections, and half-a-grain doses of oxide of silver, with two grains of extract of gentian, to be taken as a pill, twice a day. On returning home, the patient was very much better for two months, when she went to the seaside, neglected the injections, and was in about the same state, when I last saw her in December, as when I first prescribed for her.

I repeat, that in this case the uterine inflammation is the key-stone of the morbid arch; but the uterine inflammation is complicated by nerve-disease and by gastro-intestinal disease, and the treatment should be equally directed to all the elements of the case. I again urged persistence in the injections and local exhibition of sedatives, and represented the utility of again trying surgical treatment of the uterine affection for a fortnight, in two or three months, in order to test thereby the powers of the constitution, and to see whether the chronic uterine disease will not respond more favourably to treatment. Besides such alteratives and tonics as might be now useful, I suggested that in the summer some mineral water should be tried. Some of the German spas would suit, but none seems to me better indicated than Vichy. The deep-rooted morbid condition of most of the mucous membranes might be favourably modified by bathing, for hours, in its thermal, alkaline, and effervescent water, and by its internal exhibition, as well as by the total change of all the elements of nutrition, and the mental stimulus of a total change of scene and associations. To despair of being able to cure such a patient would be to evince little faith in the powers of nature and the resources of art, although the date of recovery cannot be fixed.

This case suggests to me many others, in which inflammation of the womb is associated with obstinate neuralgia and paraplegic phenomena, but I will reserve my remarks for a concluding paper.

Grosvenor-street, Jan. 1860.

NOTES ON

ATROPHY AND DEGENERATION OF THE ARTERIES, ETC.

BY EDWIN CANTON, Esq., F.R.C.S.,

SURGEON TO THE CHARING-CROSS HOSPITAL, AND LECTURER ON SURGICAL ANATOMY.

PART II.

IT is observed by Dr. G. Johnson,* that fatty degeneration of the arteries is, in various degrees, an extremely common morbid appearance in persons above the age of thirty who die in the London hospitals; and Mr. Stevens,† whose opportunities of examining this diseased state in Glasgow, under the auspices of the late Mr. Allan Burns, were very numerous, remarks, that in subjects who were upwards of thirty he almost uniformly found the arteries ossified, brittle, and weak, so that in attempting to inject them they almost invariably burst. With such frequency has Cruveilhier‡ noticed these degenerations that he states: "Sur huit cadavres d'adultes je puis assurer que cinque présenteront quelques altérations de ces vaisseaux." My own investigations enable me also to say, that this abnormal condition is of very frequent occurrence, even at the comparatively early ages above stated. There are, however, several circumstances which would appear to be peculiarly favourable to the ready invasion of the arterial system by such lesions—e. g., gout, rheumatism, chronic rheumatic arthritis, inveterate syphilis, the abuse of mercury, intemperance, and, according to some observers, scrofula. It will hence be seen, that we should not, in the consideration of this subject, regard these changes in the vessels as occurring in them alone, or as constituting a disease *per se*, but rather look to that general or systemic state whereon it is dependent, and which has included the bloodvessels in its effects, as it exerts its influence, also, on many and dissimilar tissues, though in the latter we may be unable often so readily to recognise the morbid alterations. Dr. Blakison§ has proposed to name this state of the constitution the *atheromatous diathesis*; and Dr. Bellingham,‖ in following out this view, observes, that "atheroma

* Med.-Chir. Trans. vol. xxix. p. 2. London, 1846.

† Ibid., vol. v., p. 433. 1814.

‡ Bulletin de la Soc. Méd. d'Emulation de Paris. Vol. i., No. 13, p. 462. Dec. 1815.

§ Pract. Obs. on certain Diseases of the Chest, p. 72. London, 1848.

‖ A Treatise on Diseases of the Heart, vol. ii., p. 556. Dublin, 1857.

constitutes a form of fatty degeneration, and as such is not to be regarded simply as a local disease, but as part of a *constitutional diathesis;* we often, consequently, find it associated with fatty degeneration, or fatty deposit on the heart, or in other situations."

It must be borne in mind, that it is not alone in the particular diseases I have mentioned atheromatous and calcareous degeneration of the arteries is to be found, but merely that in these affections such changes are peculiarly prone to occur as the result of the impairment of nutrition which is so strikingly manifested in their progress. The same effect may ensue from many causes which have so lowered the healthy standard of vital power, that, in the due nutrition of textures being interfered with, atrophy succeeds, and, in process of time, degenerative processes supervene. Were a person to pass through a long succession of years with health unsullied by disease of mind or body, are we to anticipate that, after death, the bloodvessels would display the above changes? I should answer in the negative, and can fully understand how Otto failed to discover "ossified arteries in a very great number of aged persons *entirely free from dyscrasies.*" Nevertheless, we must not forget, that where the body is impressed with *great original vigour of constitution* recurrent disease may take place, and other sources of staminal deterioration prevail with these changes progressing even to an advanced degree, at the same time that extreme old age shall be attained. "The duration of our life depends neither on climate, food, nor variety; it depends upon nothing external; it depends only on the internal constitution, and, if I may so express it, on the intrinsic virtue of our organs."*

Dr. Southwood Smith† has pertinently asked—"Does the physiological age of any two individuals ever advance to precisely the same point in precisely the same number of years? Physically and mentally, are not some people older at fifty than others at seventy? And do not instances occasionally occur in which an old man who reaches even his hundredth year, retains as great a degree of juvenility as the majority of those who attain to eighty?" With the last question I may associate the following case, which will be found in Dr. Jameson's work:‡ "On the 26th of February, 1810, Thomas Gibson died in Dartford Workhouse, in Kent, *at the advanced age of* 106 *years,* as certified from Dover, the place of his nativity.§ He maintained himself by labouring incessantly at hop-planting until the age of 100; but was afterwards six years in the workhouse, and the master declared he was regularly intoxicated almost every day during his residence there, in consequence of money which was given him by strangers passing through the town. Six weeks before his death he met with an accident which, occasioning slight ulcerations of his legs, confined him to his bed; but of these sores he did not complain, and *boasted of never having taken any medicine in his life, as his health had always been good.* His face was strongly impressed with the lineaments of great age. He walked nearly double some time before his death; and his dissolution seemed to arise from natural decay."‖

Sir Astley Cooper obtained for Dr. Jameson an account of the autopsy from Mr. T. Oak, surgeon, of Greenwich. This latter gentleman reports: "On opening the body, in the presence of Dr. Sutton and Mr. Peate of Dartford, the lungs were found adhering partially to the pleura of the ribs, and there was a small quantity of water in the chest. The heart was not larger than usual, but all the great vessels, particularly the aorta, were enlarged to three times their natural size; and the coronary arteries were ossified. The coats of the larger arteries were so extremely thin that there was great difficulty in removing them from their situation. They were so completely changed in structure as to give way on the application of the smallest force. These were the most striking circumstances found on the examination of this man, for the viscera of the abdomen, kidneys, bladder and prostate were little changed from their adult appearance."

"Does the physiological age of any two individuals ever advance to the same point in precisely the same number of years? Physically and mentally, are not some people older at fifty than others at seventy?" The following cases came under my care in the Charing-cross Hospital, and may not inappropriately follow these questions:—

Ann S——, aged fifty-six; admitted June 1st, 1857, with intra-capsular fracture of the right cervix femoris. The treatment was by graduated pillows placed beneath the thigh and leg. No other than the above-named injury had been received. The patient's manner was characterized by a peculiar strangeness, and her expressions were at times noisy and incoherent. She gradually sank, and died on the fifteenth day from the date of her admission, though no especial indisposition had been complained of, or could be detected.

Autopsy.—The body was spare, and the flesh flabby. The physiognomy was considered to be more that of a person of seventy than of one whose age was but fifty-six. The hair was white and scanty. Around the cornea of each eye was a complete and well-marked circle of fatty degeneration. All the finger-joints of both hands were affected by rheumatic gout. —Head: Calvarium very thin; slight but tolerably uniform opacity of the arachnoid on the upper surface of the brain: in this situation, a large number of the cerebral arteries presented whitish-yellow atheromatous deposits—a condition pervading, to a great extent, even the smaller vessels dipping into the sulci. The arteries of the corpus callosum were greatly degenerated, as were the trunks also at the base of the brain, and every branch derived from them; indeed, I have never before seen the intra-cranial vessels so extensively or so universally affected by fatty degeneration. A small quantity of serum was at the base of the brain, and the substance of this organ was softer than natural.—Thorax: Cartilages of the ribs ossified. Lungs healthy. Heart of natural size, but with more than the normal amount of fat on its surface; in consistence it was flabby, and the muscular substance, especially of the left ventricle, presented, in a marked degree, the ordinary characters of fatty degeneration. Each coronary artery was studded with atheromatous patches, and by one of the deposits the calibre of the left vessel was considerably diminished. The aortic semilunar valves and the left auriculo-ventricular flaps were abnormally stiffened, the latter being, here and there, speckled by fatty matter between their layers. The aorta, in its whole length, presented scarcely a trace of healthy structure, so charged were its coats with atheromatous material. Some calcareous scales, too, were present, and a portion of the left common iliac artery was calcified. —Abdomen: Liver large, and of a lighter colour than natural. Kidneys remarkably small; the right one partially affected by granular degeneration; whilst in the left there was scarcely a vestige of normal texture, so completely did this granularity prevail. Both renal arteries and their branches were much thickened, so that, on section of the kidneys, these branches were all plainly discernible.

What a practical commentary does the above case offer on the observation of Galen!*—"We live on our forces: as long as these forces are sound, we can resist everything; when they become weak, a trifle injures us."

A few days previous to the death of this patient, I received into the Accident ward another female who had also experienced a fracture of the neck of the thigh bone within the capsular ligament. Her age was seventy-three, and her face bespoke her years. In the cornea of each eye was a well-marked circulus senilis. She made a good recovery, and hobbled out of the hospital by the aid of a crutch, and in comparative comfort. From the very frequent examinations I have made of the bodies of elderly persons in a large workhouse, I can speak with confidence in saying that in this latter case—had such opportunity been presented—I should have found the same order of changes as those I had met with in the prematurely aged woman who had numbered only fifty-six years. In her, however, these changes had taken place long before the system should have experienced them; but, in the older woman, such alterations were more in keeping with what are ordinarily regarded as the attributes of advanced years, and, in such sense, were *natural;* whereas, in the younger woman, they might fairly be considered in the light of *disease.* In each case a fracture only of a bone had taken place; the elder patient recovers, and the younger one dies. Mr. Paget† has well observed: "The changes of natural degeneration in advanced life have a direct importance in all pathology; because they may guide us to the interpretation of many similar anomalies which, while they occur in earlier life, we are apt to call diseases, but which are only premature degenerations, and

* Flourens: On Human Longevity. Translated by C. Martel. p. 52. London, 1855.

† The Philosophy of Health, p. 111. Lond. 1835.

‡ Loc. cit., p. 144.

§ This case possesses the rare merit of correctness of datum in regard to the numerical estimation of age.

‖ "When neither disease nor accident shortens what may be considered the normal term of life, there is a gradual diminution in every kind of vital activity until it entirely ceases; the formative power seems progressively to exhaust itself, until no assistance from artificial heat, no supply of the most nutritious food, can any longer avail for the generation of new tissue; and the nervo-muscular energy gradually declines, until, at last, even those actions on which the circulation and respiration entirely depend can no longer be performed; and with the cessation of these functions the life of the entire organism becomes extinct."—W. Carpenter, M.D.: "Principles of Human Physiology," 4th ed., p. 131. Lond. 1853.

* Method. Medendi, lib. xi., p. 50, (Venet. apud Juntas, 1597.)

† Lectures on Surgical Pathology, vol. i., p. 97. London, 1853.

are to be considered, therefore, as methods of atrophy—as defects rather than as perversions of the nutritive process, or as diseases only in consideration of the time of their occurrence."

The following cases afford illustrations of extensive changes occurring in comparatively early life, and dependent on one of those causes of atrophy and degeneration of the bloodvessels to which reference has already been made—viz., inebriety; and when we reflect on the gross and artificial life led by the habitually intemperate man,—the wear and tear to which the constitution is subject through the continued antagonism of lethargy and stimulation induced by the introduction of narcotic and irritant fluids,—the constant excitation of thirst and sure subdual of hunger,—the waste of nervous energy and loss of muscular power, &c., can we wonder that he should, as a common rule, fall an easy prey to disease, or his life be readily cut short by injury, when the system is already so undermined by this self-inflicted, slow poisoning? and might we not fairly expect that, after death, the circulating fluid, with the various tissues of the body, would afford abundant evidence of chemical and physical changes stealthily, but surely, wrought by this toxæmic power? "If," says Dr. R. G. Dods,* "the thoughtless consumers or zealous advocates of stimulating beverages would accompany us to a few post-mortem examinations of individuals who had persevered in such habits, or were called to witness, like us, the sufferings they previously endured, they would feel horrified at their own folly and ignorance, and, if they were wise, would never touch the bowl again."

(To be continued.)

POISONING BY GOULARD'S EXTRACT OF LEAD.

By C. J. B. ALDIS, M.D.,
MEDICAL OFFICER OF HEALTH FOR ST. GEORGE'S, HANOVER-SQUARE.

LUCY ANN C——, aged twenty-one, an unfortunate female, residing at No. 12, Commercial-road South, Pimlico, was attacked on Saturday night, Dec. 24th, with pains in the abdomen; and having stated that she had swallowed a lotion contained in a bottle marked "Poison," and used for leucorrhœa, the doctor was sent for. He visited her immediately, at ten P.M., and found her in excruciating agony. There was violent pain in the epigastric and umbilical regions, which the patient frequently rubbed; the muscles of the belly were drawn inwards. The pain had commenced in the back and extended to the abdomen, and was of the same character as that produced in very violent colic. The pulse was extremely feeble, with tremor of the hands, and constant jactitation, the patient rocking her body from side to side as she writhed under her sufferings. It appeared that, being "unhappy," she wilfully swallowed, at first, small doses of Goulard's extract of lead, which were increased until about three quarters of a pint had been taken, when the symptoms became exceedingly urgent; they were also accompanied by heat in the throat and abdomen, with an anxious wish to vomit, and intense thirst. Her screams caused the superintendent of the house to visit her and to send for medical assistance.

A scruple of sulphate of zinc was administered, but as it did not act so soon as might be wished, another scruple was given, which soon caused vomiting, but not to a sufficient extent. A solution of sulphate of magnesia was then taken, which was followed by very copious vomiting, with marked relief to the symptoms; and, with the exception of obstinate constipation, the patient is going on favourably.

Chester-terrace, Chester-square, Jan. 1860.

DETECTION OF BLOOD STAINS.—In medico-legal inquiries, it is often of the utmost importance to determine the character of red spots on linen or steel, supposed to be blood stains. M. Brucke has recently published the following method, as being superior to those in common use:—"Wash the spot with cold distilled water. To the reddish liquor thus obtained add a solution of sea salt, and evaporate to dryness, *in vacuo*, over a vessel containing sulphuric acid. Examine the dry residue well through a microscope, in order to verify whether it contain any matter that might be mistaken for Tetchmann's crystals; then add a little highly concentrated acetic acid; evaporate again to dryness; moisten the residue with water; and then, if there really be blood in the spots, the microscope will reveal unmistakable crystals of hæmatin."

* Report from the Select Committee on Inquiry into Drunkenness, p. 225, printed by Order, May 5th, 1834.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

LONDON HOSPITAL.

WOOD'S OPERATION FOR THE RADICAL CURE OF HERNIA, COMPLETELY SUCCESSFUL.

(Under the care of Mr. CURLING.)

IF we take the great range of surgical science, with its rapid strides towards conservatism, we shall find really very few improvements to be compared with that put in practice within we may say the last three or four years for the radical and complete cure of reducible inguinal hernia. How often has the question been asked, why a remedy could not be found to cure a rupture? And our wonder is that such a malady, which experience now proves is so amenable to treatment in early life, should have remained for so long a period one of the most incurable of surgical diseases. We have no doubt that in the course of another generation, when the method of performing a radical cure of inguinal hernia has become universally known, very few cases of this form of rupture, unless those suddenly occurring, will be seen in elderly individuals. And this leads to the question—Why cannot the same principles of treatment, only differently applied to suit anatomical differences, be resorted to for the cure of femoral hernia, which is the cause of death in so many females from neglected strangulation, and its unsuccessful, because tardy, means of relief?

The first series of operations for the radical cure of hernia were performed by Wutzer, of Bonn, who devised an instrument for the purpose of exciting some amount of inflammation in the peritoneal sac of the hernia, or of its neck, so that its complete obliteration should be accomplished, and at the same time, by means of a plug, closing the hernial aperture, through invagination of the integuments. A drawing of his instrument, with a description, together with the first recorded cases in our "Mirror," appear in the second volume of this journal for 1856, p. 511, (see also vol. ii., 1857, p. 141.) Several other instances from time to time have been placed upon record in our pages; many of them cured by Wutzer's operation, and others by modifications of it. One of the most important and successful of the latter was contrived by Mr. Wood, of King's College Hospital, and now goes by the name of Wood's operation. It is, indeed, entitled to the rank of a distinctive operation. It is more scientific and perhaps a little more difficult than Wutzer's; but then the cure is most satisfactory, without the slightest tendency to a return of the hernia. An engraving of Mr. Wood's instruments, together with a complete description of his operation, have already been given, (THE LANCET, vol. i., 1858, p. 531.) In our "Mirror" of December 24th, we briefly dwelt upon its success in fourteen instances in Mr. Wood's own hands. The preference would seem to be given to it now by many surgeons, not only in London, but in the provinces.

We place upon record to-day four instances in which an operation for the radical cure of inguinal hernia was attempted: with success in three, and a fatal result in the fourth—the first fatal case which has occurred in the hospitals of London, and perhaps in this country. We have watched nearly the whole of the cases which have been submitted to operation thus far, and success has been the usual result. This speaks much, indeed, for the cure of such a common malady, which has disqualified so many otherwise stout and able-bodied men from entering the public services. We understand that no objection is made to men who were once the subjects of hernia, provided they have been radically cured in the manner we are considering. And neither a sailor nor a soldier, who may become ruptured, is disabled from further service if he can be so readily cured. The cure is, if anything, more effectual and speedy in the more recent than in the older hernia.

The fear of peritonitis to a dangerous extent, and the absence of adhesion of the parts at the inguinal canal and ring, are the objections that have been raised against this operation. Such occurrences are not, by any means, improbable; for one of the cases detailed further on, no doubt ended by peritonitis, and in an apparently healthy subject. But if the minimum amount of non-success hitherto experienced be taken into consideration, the greater number of surgeons will rank themselves as ardent supporters of almost any operation for the cure of reducible hernia.

The following case of inguinal hernia we saw submitted to operation on Wood's principle, and is interesting from the circumstance, as Mr. Curling remarked, that owing to the adhesion of the omentum and reduction of the sac, Wütz'er's operation was quite inapplicable. To this fact we would draw particular attention. The operation was so mild that the patient was able to return home, a distance of more than a hundred miles, on the eighteenth day after its performance. As no intestine descended, a milder operation was performed than Mr. Wood usually recommends, and it was not thought necessary to incur the risk of carrying the needle and ligature so deep as beneath the conjoined tendon.

The details of the operation are clearly set forth in the notes of the following case, which were taken by Mr. H. F. Hawthorn, the dresser of the patient:—

Henry H——, aged thirty, by occupation a smith, was admitted on the 7th of November, 1859. He is of a bilious temperament and abstemious in his habits, lives in Somersetshire, has enjoyed average health, and is married. He has been subject to hernia for seven years. It was produced by the violent exertion required to use the big hammer which is peculiar to his trade. The tumour was always present during the day; but when he retired to bed, it returned, unaided, into the abdomen. Trusses of various kinds were tried; but as they did not prevent the protrusion of the tumour, and, besides, gave him unendurable pain, they were discontinued. As the hernia increased in size, and all efforts to restrain it proved futile, he came up to London, and, by the advice of his surgeon, placed himself under the care of Mr. Curling, with the hope of having it completely cured by operation.

On examining him, Mr. Curling found an oblique inguinal omental hernia on the right side, of the size of a walnut. The omentum was adherent to the sac, and easily reducible *en masse*. On coughing, no intestine appeared to descend. The outer ring was capacious, readily admitting the finger. From his admission to the day of the operation, the man was allowed the full diet of the hospital, to take constitutional airings in the garden, and to lie on the bed the greater part of the day.

Dec. 1st.—Mr. Curling performed the operation, which was done in the following manner, under chloroform:—Having first reduced the hernia, an incision, three quarters of an inch long, was made in the scrotum, in a line with the spine of the pubis, and about an inch below it. The skin was then dissected from the superficial fascia to the extent of an inch in circumference. The next step was to carry the index finger through the incision, pushing before it the fascia, into the external ring. A large, firm needle, fixed in a handle armed with a ligature, was guided along the finger to the external pillar of the ring, through which, and the structures lying between it and the skin, it was thrust, and one end of the ligature was drawn through the opening. The needle was withdrawn, and the internal pillar was subjected to the same procedure. The skin was raised by an assistant before the external pillar was transfixed, and depressed whilst the internal pillar was pierced, so that in both instances the needle came out at the same opening. A glass pad was then laid on the skin, in the course of the inguinal canal, over which the ends of the ligature were firmly tied. A piece of wet lint was applied to the wound, and the man sent to bed. Ordered milk diet.

2nd.—Passed rather a restless night, troubled with dreams, and a slight cough; tongue white; pulse full, but not otherwise unnatural; passed urine freely; slight tenderness, but not more than might be expected; no pain in the cord or testicle. Ordered compound squill pill for cough.

3rd.—Not much febrile disturbance; appetite bad; troubled with wind; cough better; wound suppurating and healthy; tenderness around the ring slightly extended in the course of the cord; bowels moved twice during the day.

4th.—Tenderness has increased; passed a sleepless night; appetite bad.

5th.—Tenderness about the same; tongue white; skin hot; passed a bad night; diet causes flatulence, which prevents his sleeping; wound in scrotum healing. Mr. Curling removed the tube and ligature, when about two drachms of healthy pus escaped. To apply a bread poultice; to have half a pint of porter and a chop; bowels moved to-day.

6th.—Better; passed a good night; tenderness disappearing; very little pus; tongue clean.

7th.—Passed a poor night, on account of being disturbed; parts in the course of the inguinal canal rather swollen; less tenderness.

8th.—Health good; behind the lower wound there is pus, which, on pressure, escapes at the opening in the abdomen. Ordered full diet.

9th.—Passed the best night since the operation; no pus; parts very much thickened about the canal.

12th.—Going on well; induration about the ring increased; discharge of pus has ceased.

15th.—Wounds healed; parts firm. Mr. Curling examined him out of bed, and found the operation perfectly successful. In any posture there is not the slightest tendency to protrusion. To get up a few hours every day, and wear a truss with a large elongated pad and weak spring, to give gentle support to the inguinal canal.

18th.—Discharged cured.

KING'S COLLEGE HOSPITAL.

MODIFICATION OF WOOD'S OPERATION; DEATH.

(Under the care of Mr. FERGUSSON.)

THE patient who was the subject of the following case had a rupture from his birth, but it appears to have been reduced for some years after the age of fourteen. It, however, returned, from the causes mentioned in the history, and affected both groins; that in the left was comparatively recent. The hernia was so great on the right side that the aperture of protrusion was very much larger than usual, so much so that any kind of truss was useless. The patient was most anxious to undergo any treatment for relief, and Mr. Fergusson deemed it a fair case for the adoption of Wood's operation. It will be seen, however, from the description, that the procedure was a slight modification of the plan proposed and carried out by Mr. Wood. The man succumbed from peritonitis on the fifth day, but, as no post-mortem examination was permitted by his friends, it is impossible to state the true condition of the parts at the neck of the sac. It is the first fatal case which, so far, has been known to occur. For the notes of it we are indebted to Mr. Francis Mason, house-surgeon to the hospital:—

J. B——, aged forty-seven, admitted on Nov. 18th, 1859; he is a baker, and has always enjoyed good health, but accustomed to lift heavy weights. He says that from birth he had a tumour in the right groin, which increased on his assuming the erect posture. He wore a truss up to the age of fourteen, and then considered that he was cured. On lifting a heavy load, however, about twenty years ago, the tumour reappeared, and has since gradually increased in size. He has also suffered, in a less degree, from an oblique inguinal hernia on the left side, and has worn a truss for it; but, about six months ago, upon using more than ordinary exertion, he found that a tumour, of the size of an orange, and of a painful character, appeared in the left groin. This also had been getting larger. On admission, the patient had a cheerful expression of countenance, and made little or no complaint. On examining the regions of the hernia, a tumour, of the size of a large cocoa-nut is seen on either side. This increases on coughing, and also on his assuming the erect posture, but disappears, to a great extent, on his lying down. When he is erect, the penis can be seen with difficulty. He has never suffered from constipation, and has had no symptom of strangulation. The bowels are regular, and the functions of the body are healthily performed. He does not complain of pain.

The patient, harassed by the unwieldy heaviness of the scrotal mass, was anxious to have something done to effect a radical cure. Mr. Fergusson, therefore, proceeded to operate on the 19th of November, in the following manner:—When narcotized by chloroform, a skin-deep incision, of about an inch in length, was made over the spermatic cord of the right side. The finger of the left hand was then introduced, and pushed up to the internal ring, carrying before it the subcutaneous structures. A needle, armed with a strong thread, was then passed up to the ring, guided by the finger, and was made to transfix the internal pillar; one end of the thread was drawn through, and left free. The needle was now withdrawn, and the same steps adopted to transfix the external

pillar, the needle being brought through the same opening in the skin. The ends were then tied over a boxwood pad, a bandage was applied, and the patient sent to bed.

Nov. 21st.—He has had a good night, probably owing to his having taken an opiate; tongue slightly furred; pulse 112; has a sensation of nausea. No pain referred to the region of the wound.

22nd.—Has not slept so well, and complains very much of nausea; has had vomiting of what he has taken since yesterday. Pulse 128; tongue rather cleaner. The bandage was removed to-day. He makes no complaint of pain in the region of the hernia; no tenderness of the abdomen; bowels opened this morning.

23rd.—To-day the patient seems much exhausted, and has passed a restless night. Pulse 138; tongue dry and furred. The vomiting still continues, but to a less extent than yesterday. The skin is covered with cold perspiration.

24th.—The patient got weaker during the night, and died this morning at six o'clock. No post-mortem examination was allowed.

RADICAL CURE OF HERNIA; A NEW MODIFICATION OF WUTZER'S OPERATION.

(Under the care of Mr. HENRY LEE.)

In the following case, in which a new modification of Wutzer's operation was performed, his instrument was wholly dispensed with, and the sides of the canal were brought together by a simple ligature. The ligature was allowed to remain and to ulcerate its way out, in order that any matter that might form should have a free exit. The consolidation of parts is produced not by the invaginated tissues so much as by the lymph effused around the ligature in the inguinal canal. Mr. Lee considered this modification of Wutzer's operation safer than some others lately introduced, inasmuch as it involved no separation of the skin from the subjacent tissues, and was consequently less likely to be followed by cellular inflammation. The plan of allowing the ligature to ulcerate its way out Mr. Lee also thought was attended with a twofold advantage,—namely, 1st, it ensured an escape of any matter that might form in its course; 2nd, its prolonged presence in the inguinal canal rendered the obliteration of that canal by the effusion of lymph more certain.

Benjamin F——, aged sixteen, was admitted into the hospital on the 17th of September, 1859, with an oblique inguinal hernia of the right side. The hernia descended every time the patient stood up, but was again easily reduced. Below the external ring there was a permanent enlargement, caused by a hydrocele of the cord. This was quite distinct from the swelling produced by the hernia. On the day of admission, the skin of the scrotum was invaginated into the inguinal canal, and a ligature was passed, by means of a curved needle, along the invaginated portion of skin, through the internal wall of the inguinal canal, and out through the skin of the abdomen. The needle was then withdrawn, leaving one end of the ligature protruding through the opening. The needle was then again introduced, by the same opening into the invaginated skin, through the external wall of the inguinal canal and through the skin of the abdomen. One extremity of the ligature was left free, projecting through this opening, and the needle was withdrawn. The two ends of the ligature were now tightly tied together, bringing into conjunction the opposite sides of the inguinal canal, and embracing a portion of the superjacent skin. The needle, in being introduced, was purposely made to pierce the walls of the hydrocele of the cord, and some transparent fluid escaped. No disturbance of any kind followed the operation.

Sept. 22nd.—The invaginated portion of skin had descended to its natural position.

24th.—The ligature was tightened.

25th.—A considerable amount of pain produced by the ligature; general health very good.

26th.—Pain relieved; there is now no impulse on coughing in the inguinal canal; the wound discharges freely.

Oct. 4th.—There was a recurrence of the pain in the situation of the ligature during the night.

6th.—The pain had subsided; no constitutional irritation.

17th.—The ligature, being held by a piece of tendon or fascia, was removed; there is no impulse on coughing.

Nov. 4th.—Left the hospital a day or two after the last report, and has been at work since that period, wearing a truss; there is no impulse upon coughing; the external wound is healed; there is no mark on the scrotum where the ligature passed. The hydrocele of the cord had been apparently quite cured. He was directed to discontinue his truss.

Ten days later, he again presented himself, having continued his work without a truss. The pillars of the external ring could be felt separated, but above this the inguinal canal appeared quite closed.

Dec. 5th.—This patient again presented himself, having continued his work without a truss. The hernia appeared perfectly cured.

UNIVERSITY COLLEGE HOSPITAL.

WUTZER'S OPERATION FOR THE RADICAL CURE OF HERNIA; SUCCESSFUL RESULT.

(Under the care of Mr. HENRY THOMPSON.)

WE have seen Wutzer's operation repeatedly practised by Mr. Erichsen at the above hospital, and invariably with success. The plug is kept in for a week, and is then withdrawn, and in a short time the patient is discharged, but wearing a truss for a few weeks afterwards to perfect the cure. It was performed by Mr. Henry Thompson on the 16th November last with success, in a case the notes of which are subjoined, taken by Mr. J. B. Lyon, the dresser of the patient. It was also done on the 4th inst. by Mr. Marshall upon a young man, aged twenty-one, with an inguinal hernia of the right side of four years' duration, who has been brought to the hospital twice since Christmas, with strangulation of the bowel. On each occasion the bowel was returned by Mr. Berkeley Hill, the house-surgeon, and the patient became anxious to undergo the operation for a radical cure, which seems to be successful up to the present time (the tenth day).

Henry B——, aged twenty-four, admitted Nov. 14th, 1859, under the care of Mr. Henry Thompson. Has been suffering from a reducible inguinal hernia of the left side for the last five or six years, brought on by lifting a heavy weight, and has worn a truss for the last six months. In addition to the hernia, he has a hydrocele on the right side, which was tapped, and exit given to about half a pint of fluid. A slightly varicose state of the left spermatic veins is also present. The ring was rather small, just admitting the tip of one finger.

On the 16th November, Mr. Thompson proceeded to operate as follows:—He first with his forefinger invaginated a portion of the scrotum, carrying it well into the canal, and then passed the plug, which consisted of three pieces well greased, along it; then the needle was thrust through the central piece of the plug, and the cover screwed tightly on. No chloroform was given. The patient was ordered to remain in bed, with the scrotum supported on a pillow, and passed a comfortable night.

20th.—Patient has some pain in the inguinal region, and there is a good deal of redness round the point of the needle; bowels opened to-day for the first time since the operation.

23rd.—There is a slight discharge of purulent matter from the puncture; the cover of the apparatus removed, but the wooden plug left in, supported by strips of plaster.

25th.—Suppuration still continues; the wooden cylinder was removed, when the plug of integument was found to remain firmly in place, being felt under the abdominal wall as a hard rounded mass. A suspensory bandage and spica to be applied.

Dec. 2nd.—A small slough came away from the point of emergence of the pin two or three days ago, leaving an ulcerated surface, which is now healing; the opposed surfaces of the invaginated portion of the scrotum have nearly united. The patient to have a truss with a weak spring and a large pad, and to get up out of bed and be discharged on the 6th December.

CLINICAL RECORDS.

DEATH FROM CEREBRAL DISEASE, AFTER LIGATURE OF THE CAROTID.

THE usual cause of the failure of a ligature placed upon the carotid artery is softening or some other disease of the brain, the result of defective nourishment, arising from an imperfect collateral circulation. Mr. Erichsen, in his "Science and Art of Surgery," quotes a table of Dr. Norris, of ligature of the carotid followed by fatal cerebral disease. Out of 149 cases of deligation of this artery, 32 were fatal, 18 of these resulting

from cerebral disease. Curiously enough, in 10 cases in which both carotids were tied in the same patient, and where great cerebral disturbance might have been expected, only one death ensued. Disease of the brain, then, must arise from the inequality or imperfect balance of the circulation in the two hemispheres, when one of the carotids only is ligatured, but which, nevertheless, impairs the function and power of the entire cerebrum. With these observations, we have now to state that the case of ligature of the carotid artery, applied by Mr. Stanley at St. Bartholomew's Hospital on the 26th of October, for a supposed wound of that vessel in puncturing the tonsils, and published in our "Mirror" of the 19th of November last, terminated fatally, quite suddenly and unexpectedly, on the 24th ult.

Apparently, a most excellent recovery had ensued, and the patient was on the eve of leaving the hospital to spend Christmas-day with his family, when he was seized with paralysis of the right side of his body, followed by insensibility, coma, and death within four hours, as we were informed by Mr. Rogers, Mr. Stanley's house-surgeon. It appears, however, that the poor man had been complaining of his head for about a week before this event happened.

After death, the posterior part of the brain was found softened and extensively disorganized—indeed, it was diffluent. A small abscess was present in its anterior, and three others in its posterior parts. There was no effusion of blood or serum. The jugular vein was sound, but the carotid artery was thickened, with suppuration in its interior up to the point of its bifurcation. Dissection further revealed a wound of the tonsillar artery, and not of the carotid, as was originally supposed.

It appears that this patient's constitution had been severely tried in various hot climates—he was in the Crimea, amongst other places; and lately has been on the strike, being by trade a handicraftsman.

HYDROCELE RADICALLY CURED BY THE WIRE SETON.

WITH some surgeons the use of metallic wires, in the radical cure of hydrocele, is finding much favour, from the fact of their application being easy, the cure tolerably speedy, and the pain of trifling amount: the last, we need not say, is a desideratum of importance. In the number of this journal for Sept. 10th last, we referred to five cases of hydrocele in which the silver wires were successfully employed by Mr. Pollock, at St. George's Hospital, one of them being an encysted hydrocele of the cord. Since then he has treated others. We saw these wires applied, in his eighth case, on Dec. 8th, in the person of a man with a large dropsy of the tunica vaginalis. This was tapped, a needle being passed into the canula, armed with a silver wire, and out through the scrotum. The canula was now withdrawn, and the two ends of the wire tied. This case subsequently did well, and was a good cure. Mr. Pollock afterwards stated that all injections for the cure of hydrocele were attended with some amount of pain, often very severe, the cure not unfrequently being tedious. Iodine, he observed, causes excessive distress and faintness, and will even fail to cure in some cases. He recollected an instance in which a man fainted from its use. The wire is simple, and causes no pain until secondary inflammation is set up. From thirty-six to forty-eight hours is the maximum time that he considered that the wire should be left in, when sharp pain and effusion occur, and then it is removed. The cure is effected in two weeks. If the wire be left in too long, the pain will be very severe. In one case, however, that of a young man with an encysted hydrocele of the cord, containing four or five ounces of serum, the wire was left in for a week, during which time he was walking about. Mr. Pollock thought there was not the same amount of risk when the dropsy is confined to the cord as when it exists in the old situation. The cyst was obliterated, and continued to be so, as verified by an examination some months after.

These wires we have seen Mr. Fergusson employ in similar cases at King's College Hospital, and with equally good results.

POLYPUS OF THE FEMALE URETHRA.

THE female urethra is known to be the subject of vascular excrescences, generally situated around the orifice, and are excessively painful and tender, and often bleed; but when seen, their true character is readily recognised. Distinct polypi of the urethra in the female are far less common, and may be mistaken for the former if care be not used in making examination. A case of this kind was submitted to operation on the 23rd of September, at Guy's Hospital, by Mr. Bryant, in the person of a young married woman, about twenty-five years of age. She had suffered from bearing-down and difficult micturition, which had been preceded by hæmaturia. On inspection, the end of a vascular tumour was visible at the commencement of the urethra. It was found to extend three-quarters of an inch into the urethral canal, and was discovered to be a small fibrous polypus. The urethra was therefore slit up, and the pedicle was cut off by means of a pair of scissors, since which time she has been free from all inconvenience.

The records of surgery mention but few of these cases. Mr. Birkett, of the same hospital, related, before one of the Societies, the case of a child under his care in whom a polypus existed which took its origin from the bladder and projected through the urethra. Dr. Gross mentions, in his "Pathological Anatomy," the case of a young lady, aged eighteen, from whose urethra he assisted to remove a polypus an inch and a half long, which was very sensitive, and of a bright florid-red colour.

Generally, patients complain of very great and continuous irritation, which may prevail throughout the whole pelvic region, and an examination should always be made to determine the cause of this; for in the majority of instances it will be found to depend upon either a vascular tumour, or perhaps a urethral polypus.

A short time back, a similar kind of polypus was removed from a female patient at the Middlesex Hospital by Mr. Nunn.

DISEASES OF THE SPLEEN.

THE well-recognised facts which have been brought forward to illustrate two special diseases in which the spleen is more or less engaged—namely, leucocythæmia splenica, and anæmia lymphatica, will help most materially in bringing the various conditions to which this singular organ is pathologically liable into something like a form for analysis and classification. Our knowledge of disease of the spleen, *per se*, is valueless, unless we associate some other condition with it. During life, almost the only abnormal state hitherto diagnosed is enlargement; and if there be an absence of white-cell blood, or lymphatic glandular disease, we must look to some other cause for an explanation of the morbid influence acting on the spleen. This reminds us of two cases of splenic enlargement which came under our observation many months back: one, a patient in Faith ward of St. Bartholomew's Hospital, was under Dr. Burrows' care. She was twenty-one years old, had considerable hypertrophy of the organ in question, a pleurisy of the right side, and brow ague. It was difficult to determine the nature of the disease here, and the ultimate result is unknown, because she left the hospital, and was lost to observation; although she could have survived but a few weeks, as she was in a very low and exhausted condition. The other case was a male patient, under Dr. Hawkins' care, in the Middlesex Hospital, in January, 1858, who had enlargement of the spleen only, accompanied with dysentery. Violent purging, and hæmorrhage from the stomach and bowels, arise in the course of disease of the spleen; and by-and-bye, it is to be hoped, as our knowledge extends, that we shall be enabled to understand and explain these symptoms.

The spleen is subject to inflammation, softening, tuberculosis, cancer, and other diseases, besides congestion and its consequences in intermittent fever. Many good examples in which this organ was diseased in various ways, will be found in the chapter on its pathology in Dr. Crisp's "Treatise on the Structure and Use of the Spleen."

TURPENTINE IN HÆMOPTYSIS.

THERE are several well-known remedies which justly enjoy a high reputation for arresting attacks of hæmoptysis, and amongst them may be mentioned acetate of lead, gallic acid, and dilute sulphuric acid. These we see commonly employed, and almost invariably with success. From some cause or other, however, they will sometimes fail, and our reliance must be placed upon some other astringent and styptic, which shall have the power of effectually checking this slow form of bleeding from the lungs. The oil of turpentine is, perhaps, one of the best next to those we have mentioned, and when properly administered can be relied upon. We lately observed two cases of hæmoptysis in the Charing-cross Hospital, under Dr. Willshire's care, which continued obstinately persistent, in

spite of the free use of acetate of lead firstly, then gallic acid, and thirdly dilute sulphuric acid. One patient was a young man aged twenty-one years, who has had several recurring attacks of this symptom; he was admitted on the 28th of November. The hæmorrhage was stopped only when the oil of turpentine was administered in doses of twenty-five drops three times a day in a little syrup-and-water.

The other patient was a female, at first in the surgical wards under Mr. Hancock's care; she had had a breast amputated, which was followed by intense congestion of the lungs, with hæmorrhage. She was now transferred to Dr. Willshire's care, and after taking the other remedies in full doses without effect, the turpentine completely controlled the bleeding, and she is gradually improving.

The efficacy of turpentine is well known in hæmorrhages from the urinary passages, and also from the uterus,—that is to say, in their passive form; and as it exerts a specific and peculiar influence upon mucous surfaces generally, we may look for good results in other parts of the body, of which the bronchi are most certainly not the least important.

NUMEROUS SYMMETRICAL EXOSTOSES.

THE observation that when the spongy kinds of exostosis exist in a multiple form, they are mostly found symmetrical in their arrangement, is one that experience proves to be correct; and at the present time we can point to an illustration of its truth in the person of a young man, twenty-one years of age, a patient of Mr. Erichsen, in University College Hospital, who was admitted on the 8th of November. He has as many as fifteen groups altogether of symmetrical exostoses in various parts of his body, which are of a spongy or cancellous nature. They are chiefly situated on the inner malleoli, inner heads of the tibiæ, and inner parts of the thigh bone; the outer parts of the crests of both ilii, the acromial ends of both clavicles, and one on the right side of the breast, near the lower part of the sternum. And besides these, they exist here and there on the wrists and fingers. One situated on the great toe, answering to the description of Dupuytren's exostosis, was removed, in consequence of its producing great inconvenience. There does not appear to be any special cause for their presence in this man, and he has no hereditary predisposition to them. In their general characters they are somewhat diffused and spread out; and no doubt they will continue slowly to increase in dimensions until they become inconvenient, when they may receive further consideration. For the present nothing can be done to get rid of them. The patient is in good health, and has not suffered from syphilis, nor any other specific disease likely to account for their presence.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JAN. 4TH, 1860.

DR. RIGBY, PRESIDENT, IN THE CHAIR.

THIS was the first annual meeting of the Society, and consequently a large number of Fellows and visitors were present. Twelve gentlemen, who were proposed for the fellowship on the 7th of December last, were duly elected; and the names and qualifications of ten candidates for admission into the Society were read.

Mr. SPENCER WELLS exhibited the plaster cast of a child's head, with a large encephaloid tumour growing from the side of the face and neck. The case was interesting as showing what a large mass might pass through the pelvis without injury. The child died a few days after birth. The mother was healthy, but the grandmother died of cancer of the uterus.

Dr. J. HALL DAVIS communicated the history of a case of intra-uterine fibro-plastic tumour, extensively adherent, removed by enucleation.

THE AUDITORS' REPORT

was then read. After payment of all the expenses incurred by the Society up to the 31st of December, 1859, a balance remained in the treasurer's hands of £159 9s. 4d. This report was received and adopted; and a vote of thanks to Dr. Tyler Smith, the treasurer, was carried unanimously.

LAWS OF THE SOCIETY.

Certain alterations and additions were submitted by the Council for consideration. The following were adopted:—

(1.) Chap. I., Sect. III., to stand thus:—"III. All medical practitioners, registered, or, if practising abroad, possessing a British qualification, shall be eligible for election as Fellows of the Society."

(2.) Chap. VI., at the end of Sect. III., the following to be inserted:—"In the selection of members of Council to remain in office, a preference shall be given to those who have attended the largest number of meetings of the Council."

(3.) Chap. XI., the following addition to be made:—"Sect. IV. That a committee of twelve referees shall be appointed by the Council annually, to examine any papers which the president may think ought to be referred to a committee previously to being read before the Society. The referees so appointed shall also examine all papers read before the Society, and report thereon to the Council, before their publication in the 'Transactions.' If a paper be refused for reading or publication by one referee, it shall then be submitted to a second, and, in case of disagreement, to a third referee, whose decision shall be final. Any writer of a paper shall have a right to object to one or more names on the list of referees to whom he may not be willing to have his paper submitted."

ELECTION OF OFFICERS FOR 1860.

The result of the ballot was read, and the following gentlemen were declared elected:—*Honorary President:* Sir Charles Locock, Bart., M.D.—*President:* Dr. Edward Rigby.—*Vice-Presidents:* Dr. Robert Barnes; Dr. Francis Elkington, Birmingham; Dr. A. B. Granville, F.R.S.; Dr. Edward W. Murphy; Dr. W. Tyler Smith; Dr. R. Uvedale West.—*Treasurer:* Dr. W. Tyler Smith.—*Honorary Secretaries:* Dr. Grailly Hewitt; Dr. T. H. Tanner.—*Other Members of Council:* Mr. James Allen, York; Mr. Edward Batty, Liverpool; Dr. C. M. S. Babington, F.R.C.P.; Dr. W. Bloxam; Dr. W. D. Chowne; Mr. Joseph Cholmondeley; Mr. Robert Dunn, F.R.C.S.E.; Dr. Robert Druitt, M.R.C.P.; Dr. George D. Gibb; Mr. Robert Hardey, Hull; Dr. S. W. J. Merriman; Mr. J. T. Musgrave; Dr. Henry Oldham; Dr. W. O. Priestley; Dr. C. H. F. Routh; Mr. Samuel Smith, F.R.C.S.E, Leeds; Dr. Joseph G. Swayne, Bristol; Dr. J. Whitehead, Manchester.

THE ANNUAL ADDRESS

was then delivered by the PRESIDENT. Dr. Rigby commenced by saying that it was with feelings of no ordinary gratification and pride that he looked back upon the year just passed. From the earliest announcement of the formation of the Obstetrical Society of London, success was a matter of certainty; but it was impossible to anticipate such a prosperous career as the Society had already run. In eleven months 350 gentlemen—not a few of them of the highest standing in the profession—had been elected Fellows; and to many of these the Society was indebted for some most valuable contributions, which in a few weeks would be in the hands of every member. These papers would constitute the first volume of "The Transactions of the Obstetrical Society of London." The Council also had not been idle. An immense mass of work had been done in the way of drawing up the laws, and regulating the general affairs. Then a very important and carefully drawn-up memorial had been presented to the General Council of Medical Education and Registration, praying for a revision of the laws existing in the various examining bodies as respects the obstetric education of medical students. And lastly, a useful form had been drawn up by the Secretaries for the registration of midwifery cases. If each Fellow would use this form, statistical papers containing the most valuable information must in a few years accumulate, which one or two clear heads and willing hands could easily sift and rearrange, so that important points, now subjects of dispute, would be cleared up, and definitely settled.

A melancholy duty upon occasions like the present devolved upon the President. It was to give a brief notice of those who have been taken away from the Society by death during the past year. Three Fellows who took a warm interest in the success of these meetings have died—viz., Dr. Lever, Mr. Squibb, and Dr. Griffith. One honorary Fellow, Dr. Montgomery, has also been removed.

The career of Dr. Lever affords a striking instance of the success in professional life which may be achieved by indefatigable industry combined with moderate opportunities. He was born at Woolwich, where he served his apprenticeship to Mr. Butler. In due course he became a student at Guy's Hospital, at which time his physical strength was so great, that he

walked daily from Woolwich to London and back. His close attention to his studies, moreover, attracted the favourable notice of the medical officers of the institution, and he gained many honourable distinctions at the annual competitive examinations. Having finished his hospital studies in 1834, and become a member of the College of Surgeons, he commenced general practice in the Borough, while residing in which locality he took an active part in organizing the obstetrical department of Guy's Hospital. Shortly afterwards Dr. Lever obtained the degree of Doctor of Medicine in the University of Giessen; and in 1842 he was admitted a Licentiate of the Royal College of Physicians of London, and at the same time became a lecturer at the medical school of Guy's. The subsequent career of Dr. Lever is known to most medical men. His consultation practice was large, and he contributed to medical literature an important essay on the "Organic Diseases of the Uterus," as well as a series of papers to the "Guy's Hospital Reports." Dr. Lever was in his usual state of health until within a short period of his death, and he was present at the inaugural meeting of the Obstetrical Society, which was held on the 16th of December, 1858. Shortly afterwards he was seized with symptoms of a very severe kind; pericarditis and anasarca both manifested themselves, and he died on the 29th of December, 1858.

Mr. Squibb's death occurred in January, 1859. This gentleman was born in the year 1797, and he commenced practice about the year 1822, in partnership with Dr. Lemann, of Orchard-street. The activity and cheerfulness of character, as well as the kindliness of heart which distinguished Mr. Squibb, soon made him a general favourite, and his partner retiring, he was able not only to keep the practice, but to considerably extend it. Amid the duties of a busy practice the advance of science and the welfare of the profession were regarded with a lively interest. He afforded some contributions to the medical journals, and took an active part in the promotion of medical reform. Literature was made a relief to the more severe mental labour connected with his profession, and the results of it appeared in an essay relating to Dr. Johnson, communicated to the Royal Society of Literature. Till within a few weeks of his death enjoying the most robust health, it was difficult for him, when overtaken by disease, to lay aside his accustomed activity, and take that rest which his symptoms required. He resumed his duties while unfitted for exertion, and he soon experienced a relapse, which proved fatal.

The name of Samuel Griffith was first enrolled on the list of students of King's College, London, in 1843. His assiduity in the dissecting-room, laboratory, and wards of the hospital soon procured for him the friendship of the professors, and led to his being appointed house-physician to King's College Hospital after he had obtained his diplomas. His great exertions at this time and subsequently were incompatible with even his robust health and vigorous frame, and doubtless now were made the first inroads upon a sound constitution. At the completion of his hospital career, he took the degree of M.B. at the University of London, and became a member of the College of Physicians, and having been appointed assistant-accoucheur to St. Thomas's Hospital, as well as physician to the Royal Maternity Charity, he went to reside in the Borough. His labour was now excessive and uninterrupted, and continued so until the winter of 1857, when his overtaxed strength began to fail. On consulting Dr. Todd, it was found that one of his lungs was affected, and he was advised to desist from practice, and to visit Torquay. He remained in that town for two months, when he returned to London, and resumed practice as earnestly as before. In the following October he was seized with a severe attack of haemoptysis, and again he went into Devonshire. In a few months, his health being recruited, he again came to town, his hopes of the future being bright; and notwithstanding the rude shocks his private practice had received, it rapidly increased. The improvement was, however, but temporary; severe haemoptysis returned, and though able to make the journey to Torquay, yet great weakness set in, which ended in death on the 23rd June, 1859. Thus lived and died one who was respected and loved by all who knew him. A heartiness of character, a desire to please and to oblige, a firmness and integrity of purpose, a love of truth, and the possession of sterling moral and religious principles, brought him numerous friends, and made him beloved in life, and regretted in death.

The death of one of the most distinguished honorary Fellows of the Society, Dr. Montgomery, of Dublin, took place last month. This gentleman, whose name is known and honoured wherever midwifery is practised, can have but little added to his fame by any remarks now; for his contributions to medical literature are known to every student. Dr. Montgomery was sixty-two years of age; and he died rather unexpectedly, though he had for some time suffered from excruciating pains in the chest, and other symptoms of cardiac disease.

In closing his address, Dr. Rigby alluded in feeling terms to the kindness which had been shown to him by the Fellows of the Society at the different evening meetings; to the exertions of the Council, and the Treasurer, Dr. Tyler Smith; as well as to the assiduity of the Secretaries, Dr. Grailly Hewitt and Dr. Tanner. "Long then," he said, "may the Obstetrical Society of London live and flourish, and may each succeeding year bring fresh strength and honour to it."

This address, admirably delivered, was listened to throughout most attentively; and on a vote of thanks to the author being proposed by Dr. Granville, it was carried by acclamation. The meeting then adjourned until the 1st of February.

PATHOLOGICAL SOCIETY OF LONDON.

MR. FERGUSSON, PRESIDENT.

MR. DURHAM exhibited

THE TRUNK OF A SUBJECT IN WHICH THE LEFT KIDNEY WAS MOVABLE TO A MOST REMARKABLE EXTENT.

When the subject was lying upon the back, the kidney occupied its normal situation; but by changing the position of the body, or by gentle manipulation, the kidney passed, according to circumstances, up under cover of the ribs, down into the iliac fossa, or on to the front of the spine. This extreme mobility appeared to depend, in great measure, upon the disposition of the peritoneum, but there was no distinct mesonephron. The descending colon, instead of forming the sigmoid flexure in the left iliac fossa, turned across the last lumbar vertebra to get to the right side of the sacrum. All the other viscera occupied their normal situations. The case will be again brought before the Society after the dissection has been made, the result of which will be stated.

Mr. TOYNBEE exhibited a specimen of

NECROSIS OF THE PETROSAL BONE.

The patient, a young woman aged twenty, had suffered from a discharge from each ear from early infancy. Two months before her death a polypus was removed from the left ear by a surgeon in the country. Intense pain followed; this was succeeded by symptoms of continued fever. On her recovery, headache and coma set in, and she died in three days.

Autopsy.—The dura mater over the left petrous bone was soft, there was an abscess in the fourth, and serous effusion into, with inflammatory congestion of and softening of the walls of the lateral ventricles. The pia mater investing the cerebellum and the base of the brain, extending into the spinal canal, was also infiltrated with pus. Dissection of the ear: In the external meatus was a small polypus. The membrana tympani was absent. The mucous membrane of the tympanum was very thick. The malleus and incus were absent, and all that remained of the stapes was its base and a portion of the anterior crus. New bone was deposited on the inner wall of the tympanum. The upper surface of the petrous bone was composed of newly-formed osseous matter, in the middle of which was buried a large portion of necrosed bone. The lower wall of the tympanum presented a carious orifice, which communicated with the fossa jugularis.

Mr. TOYNBEE also brought before the Society

THE DISSECTION OF THE EARS OF A YOUNG WOMAN WHO WAS DEAF AND DUMB.

In each ear the membrana tympani was absent, and the mucous membrane of the tympanum was very thick. The semicircular canals contained a larger quantity of otoconie than natural, and in the left ear the posterior semicircular canal was obstructed by crystals of otoconie for the distance of half a line, and the cochlea contained blood. In each ear the lamina spiralis of the cochlea, near to the vestibule, was so greatly hypertrophied as to fill the scala tympani, and to conceal the membrana fenestræ rotundæ.

Mr. SPENCER WELLS exhibited

SIX OVARIAN CYSTS AND TUMOURS REMOVED BY OVARIOTOMY.

1. *A Fibrous and Cystic Tumour*, removed from a married woman, twenty-nine years of age. It weighed seven pounds and a half, and consisted of a lower solid portion, simply fibrous in structure, and of a large cyst at the upper part, which had

contained several pints of fluid. Portions of fibrine were adherent to its inner coat. The patient died forty hours after operation, and about six pints of clear serum were found in the right pleural cavity. A portion of the abdominal wall, including the incision, was also shown, to illustrate the accuracy of union of the divided peritoneal edges of the wound, when these edges are folded together by passing metallic sutures through them.

2. *A multilocular Ovarian Cyst*, with masses of pseudo-colloid substance in its walls, successfully removed from a married woman, forty-seven years of age. In this case the pedicle was on the right side, but the left Fallopian tube, having been found diseased and adherent to the cyst, was also removed. The patient is now in robust health.

3. *A multilocular Ovarian Cyst*, successfully removed from a married woman, forty-one years of age. The chief point of interest in this case was the fact that tetanus had appeared a fortnight after the operation, and the patient had recovered during the use of woorara. The case had been brought before the Medico-Chirurgical Society.

4. *A multilocular Ovarian Cyst*, also successfully removed by ovariotomy from a single woman, twenty-nine years of age. The cyst and contents had weighed fifty-four pounds. Most of the cysts were very small, but they had been broken down one after the other, and the whole removed through a four-inch incision. The convalescence of the patient had been delayed by a bed-sore, but she was now quite well.

5. *The Fallopian Tube* and remains of the *Peduncle of a multilocular Ovarian Cyst*, successfully removed from a young lady, only seventeen years and three months old. The cyst and contents weighed thirty-eight pounds; but the whole had not been preserved on account of the difficulty of showing the numerous aggregations of small cysts of which it was composed. One point of interest in the case was, that the pedicle had been completely twisted round during the growth of the tumour. Mr. Wells alluded to a case in New York where such a twisting of the pedicle had led to strangulation, obstruction of the veins, and gangrene of the cyst, followed, of course, by the death of the patient.

6. *A semi-solid Ovarian Tumour*, weighing eleven pounds and a half, and two large cysts attached to it, which had contained forty-one pounds of fluid, forming together a very large tumour of the right ovary, which Mr. Wells had removed from a single woman in the Samaritan Hospital, on the day of meeting. It was an unfavourable case, but one in which it was decided to give the patient the chance of a cure, as it was clear that life could not be prolonged very much, and it was not thought right to leave the woman to an inevitable and painful death, when there was even a moderate hope of recovery after operation. Mr. Wells had seen her just before the meeting, and she was then going on remarkably well.

Mr. Wells added that he had now brought before the Society *all* the ovarian cysts and tumours of the cases in which he had performed ovariotomy. At the meeting of the Society on the 1st of November, he had shown a cyst removed four days before the meeting, and stated that the lady had gone on well since the operation. He had now to add, that she continued to do well until the eighth day, when tetanus came on, and she died two days afterwards. This case had been treated by woorara, and had also been brought before the Medico-Chirurgical Society. The general result of Mr. Wells' personal experience of ovariotomy in hospital and private practice had been nine recoveries and four deaths out of thirteen cases. The case last alluded to was the fourteenth.

Reviews and Notices of Books.

On Chronic Alcoholic Intoxication, or Alcoholic Stimulants in Connexion with the Nervous System; with a Synoptical Table of Cases. By W. MARCET, M.D., F.R.S., Assistant Physician to the Westminster Hospital. pp. 172. London: Churchill.

IN 1849 and 1851, an eminent Swedish physician, Dr. Magnus Huss, published a volume upon "Alcoholismus Chronicus," or chronic alcoholic disease. Both here and upon the continent, a high position has been awarded to the labours of Dr. Huss. The pathologic condition portrayed by this writer was included in "those groups of nervous symptoms which, affecting alike the motor and sensorial powers and the mental capacities of the individual affected, proceed generally in a slow and chronic course, and are not directly referable to any lesion of the nervous centres appreciable during life, or discoverable upon post-mortem examination, such symptoms being especially met with in persons who have for a long time consumed alcoholic fluids, and in excess." So far, however, from Dr. Huss believing that he was the first to draw attention to these and associated morbid phenomena, he cited a passage from the 95th Epistle of Seneca, to show that the use of hot wines produced upon the enervated Romans of the empire symptoms very analogous to those he himself was about to describe. It was also shown that an admirable description of the disease now known as chronic alcoholism was given by our countryman, Dr. Lettsom, who accurately recorded the loss of power of the arms and legs, and the accompanying anæsthesia; nor does he forget to notice the opposite character of excessive sensibility. When Dr. Huss first began his investigations, he was in doubt as to whether he had not been forestalled by the labours of Prus, Bayle, and other French writers. But he soon found that all of them, not even excepting Brierre de Boismont, described the disease only as associated with an advanced stage of mental disorder. Six varieties of chronic alcoholism were described by the Swedish physician; and from the severity of some forms, the peculiarity of others, and from the frequency of the disease generally, some pathologists were led to regard the affection in question as peculiar, in some respects, to Sweden. But all that can be safely said is, perhaps, that "chronic alcoholism" does not prevail here to the same extent that it does in the north; because dram-drinking, bad enough as it is amongst us, is yet not so general and excessive as in Sweden: and it is often more severe, and presents some peculiar symptoms, at Stockholm, from the spirit which is there consumed being distilled almost exclusively from potatoes. During this distillation, a deleterious narcotic oil, called "potato oil" (finkeloljan), is produced, as also a noxious volatile compound, vulgarly called "stick," from its suffocating vapour. The compound formed by these with the spirit may be regarded as highly detrimental to the nervous system.

Dr. Marcet, in his little volume, gives the result of an inquiry into forty-eight cases of chronic alcoholism which have been treated by him at the Westminster Hospital; whilst Huss has directed special attention to the symptoms and pathology of the disorder. Dr. Marcet tells us, that "in the present volume comparatively great stress has been laid on the predisposing and immediate causes of the illness, and especially on its mode of treatment." (p. vii.) A chief intention, indeed, of the author has been to show how often chronic alcoholism is attended by other diseases, more especially affections of the digestive organs, these secondary disorders being frequently, in his opinion, the immediate cause of the attack of the specific toxæmia. (p. 145.) But, perhaps, the main endeavour of Dr. Marcet is to show that—

"There exists a substance possessed of powerful and definite properties, and having the remarkable property of restoring to health, or, at all events, of greatly relieving the disordered nervous system of persons suffering from chronic alcoholism; the medicinal agent in question acting efficaciously in cases where the principal symptom may be either sleeplessness or hallucinations or trembling, or any other, and this substance is *oxide of zinc*." (p. 77.)

Though we have met with nothing very novel in Dr. Marcet's *brochure*, except this special application of the above-named drug, we can recommend its perusal as containing some useful and practical information, plainly related, and within an easily mastered compass.

Essays on Medical Science. 1. *On the Nature of Inflammation.* 2. *On the Encephalic Circulation and its Relation to the Physiology of the Brain.* By JAMES CAPPIE, M.D. Edin. pp. 103. Edinburgh: Sutherland and Knox. 1859.

DR. CAPPIE is a bold man: he here opens ground upon two fields of pathological warfare which have seen much professional

bloodshed. The *nature of inflammation* and the *circulation within the cranium* almost frighten us from our desk. It is but very modern days since Williams, Bennett, Carpenter, Paget, Thompson, and Wharton Jones tried at the exorcism of the first perturbed spirit; but, as Dr. Cappie tells us, it has been all in vain. Professors Alison and Virchow, it seems, have been a trifle more fortunate; but to Dr. Cappie it has been reserved to really lay the ghost. At least this is, we presume, Dr. Cappie's opinion: we cannot say it is ours. He very truly says—

"The physician or surgeon can lead us to the bedside, and, by a simple appeal to certain readily recognised phenomena, can declare authoritatively, *There* is inflammation. The problem he then puts to the pathologist is not, What is the essential phenomenon? (in the limited sense in which these terms are used by Dr. Bennett,) but, What is the essential condition—the first cause—of these effects? There must be some relation of these symptoms to a modified form of vital action in the tissue. Can that relation be traced? He does not require any other definition than that he has been accustomed to; but he wishes to have a theory or explanation."—p. 54.

The "theory or explanation" offered by Dr. Cappie is the *old-new* dogma—viz., "inflammation is essentially a form of abnormal nutrition." On this, of course, the author does not pique himself; but he rejoices in his explanation of the theory—in other words, the "respect in which the constituent phenomena of nutrition are modified when inflammatory action begins." As to how they are modified, Dr. Cappie thinks he has made that all clear. Poor Dr. Cappie! Shades of all the heroes of the departed theories of inflammation have mercy on him! Rise not, like the spirits in "Macbeth,"

> "With twenty mortal murders on your crowns,
> And push him from his stool."

The most refreshing part of Dr. Cappie's first Essay is his critique of Dr. Bennett.

The second Essay is mainly occupied with the reciprocal actions concerned between the brain and its circulation, and the relation of mental to cerebral activity. The production of sleep is a topic also of special discussion.

We have no doubt that when Dr. Cappie comes before us in connexion with less bewildering subjects than he has here chosen to meddle with, we shall feel disposed to award him more attention than we can upon the present occasion.

An Introduction to Practical Pharmacy, designed as a Text-Book for the Student, and as a Guide for the Physician and Pharmaceutist. By EDWARD PARRISH. Second Edition, with 246 Illustrations. Philadelphia. Trübner and Co., Paternoster-row.

THE purposes of this volume, as set forth in the title-page, are fully realized in the work itself. It is an eminently practical and useful book, being written by an experienced and practical pharmaceutist. The fact of a second edition being so soon required is itself a proof of its merits; but this second issue is, in many respects, very superior to the first. The drawings with which it is so profusely illustrated add greatly to the utility of the work.

It is divided into FIVE parts:—

Part I. is preliminary, and treats of the implements necessary to dispensing, of weights and measures, of specific gravity, and of the United States Pharmacopœia. It may here be observed, that the United States are, and have been since 1820, in advance of ourselves in the possession of a National Pharmacopœia.

Part II. treats of Galenical Pharmacy, under which head the collection and desiccation of plants are described, the powdering of drugs, solution, filtration, maceration, percolation, evaporation, and distillation; also the processes for the preparation of the several classes of medicines, as the medicinal waters, infusions, tinctures, extracts, and syrups.

Part III. is devoted to Pharmacy in its relation to Organic Chemistry, and describes the classes of articles derived from the organic kingdom, as the starches, gums, sugars, vinegar, alcohol, fixed and volatile oils and extracts, organic acids and alkaloids, &c.

In Part IV., the different Inorganic Pharmaceutical Preparations are described.

Part V. is devoted to Extemporaneous Pharmacy; and in this division the language and writing of prescriptions are considered, the art of selecting and combining medicines; remarks are made upon the various classes of powders, pills, liquid preparations, and of external applications; the last chapter treating of the Art of Dispensing Medicines.

Judging from this work, it appears that pharmacy holds a high place in the United States. Altogether, the treatise of Professor Parrish may be cordially recommended as one admirably suited to the requirements of the practical pharmaceutist.

Descriptive Catalogue of the Preparations in the Museum of St. Thomas's Hospital. Vols. II. and III., *Pathological Anatomy.* Completed and Edited by SYDNEY JONES, M.B., F.R.C.S., Curator of the Museum, Lecturer on Anatomy, &c. London: Renshaw. 1859.

To obtain the advantages of a well-regulated and valuable museum, a catalogue in which all the preparations and other objects are properly classified is an essential requisite. This is to be seen in a manuscript form in almost every place of the kind, but can be available only to those who repair to the museum itself. Of the various hospitals and schools in this metropolis, we believe that, hitherto, St. Bartholomew's alone has published a catalogue of its pathological preparations; and it has been found of great service to those residing at a distance. It is with some satisfaction that we find another institution adopting a similar course, two volumes having just been published by order of the governors of St. Thomas's Hospital, giving a catalogue and a short description of all the pathological specimens in their museum. This responsible task has been ably performed by Mr. Sydney Jones, the curator. We learn from the preface that the labour was by no means a light one: for the entire collection required revision; one-third of the specimens had to be described; and many of the descriptions in the original manuscript required alteration or correction. This has been a labour of three years. The museum is pretty rich in urinary calculi; the catalogue describes 237 specimens, and amongst them are two of the rare cystic oxide variety.

The example set by St. Bartholomew's and St. Thomas's, in publishing catalogues of their museums, is worthy of imitation.

Willy's Book of Birds. By Mrs. MACKIE. Foolscap 4to. Sixteen coloured plates. London: Geologist Office, Strand.

As embracing a branch of natural history intended for the young, the present work—embellished with coloured plates of the sparrow, chaffinch, starling, lark, nightingale, and other birds, drawn from nature—commends itself to notice at this season of the year. The description of the birds, their habits and peculiarities, is written in a plain, intelligible, and particularly agreeable style, well adapted to the minds of the youth of both sexes. Indeed, the book can be perused with profit by those of mature age. The plates are good and faithful sketches of the feathered tribe, and assist greatly in carrying out the design of the author. We recommend this book with pleasure as an admirable specimen of natural history illustration.

NEW INSTRUMENT FOR THE EXTRACTION OF MUSKET-BALLS.—M. Langenbeck gives, in the *Deutsche Klinik* of 1859, the following description of this instrument. It consists of a rod, six inches and nine lines long; on one extremity is fixed a wooden handle, and on the other a movable cup, the latter being fenestrated so as to grasp conical balls easily. By pressing upon a spring placed by the side of the rod, the cup rises to a right angle with the latter; and when it is brought by the side of the ball, and a little beyond it, the latter is easily extracted. The instrument will act at the depth of six inches.

THE LANCET.

SATURDAY, JANUARY 14,

BEING

No. 2

OF THAT JOURNAL FOR THE YEAR 1860.

IS CANCER CURABLE

Is cancer curable? What hopes and what fears hang upon the answer to that question! If "No" be the word pronounced by Science and Experience, it will ring like a sentence of death upon the ear of thousands. Yet even the victim of this dire disease will struggle against his doom; the fabled casket, which in mercy to mankind was closed in time to save a last consolation, still bears up the sufferer as he painfully travels along the Valley of the Shadow of Death. But Hope brings not relief without alloy. This feeling, growing into a passion too strong for human reason, disposes the agitated mind of the sufferer from reputed incurable disease to listen to the ear-kept promises of the avowed charlatan, or to the scarcely less culpable assertions of those pretenders of another kind, who proffer ignorant aid under the plea of disinterested charity. We cannot blame the victims of disease and quackery. This would be to censure the drowning man catching at a straw. But it is our duty on all fitting occasions to repeat the often unheeded caution against the more or less conscious impostures of the quack who works for money, and the amateur physician who cures incurable diseases for the love of GOD. We are well aware that the truthful voice of sober experience, when it speaks in doubt or condemnation of the capacity or integrity of the promisers of marvellous cures, is commonly met by the ready charge of jealousy and prejudice. No fear of such a charge, however, should deter members of the medical profession from pointing out the grounds upon which their opinions are based, from explaining the high principles which guide them in practice, from contrasting the frank and open proceedings of the legitimate practitioner with the mystery and cant of the pretender. If candour, if publicity be the test of honour and true science, then we may surely claim respect for our opinions. If juggling with concealed remedies afford a presumption of ignorance or knavery, then certainly we may know how to estimate the knowledge and honesty of the charlatan.

This is the only intelligible ground upon which the merits of persons claiming the character of great discoverers in science and benefactors of the human race can be examined. Scores of persons have declared to the Board of Works their readiness to purify the Thames; but, omitting to show how they propose to accomplish the object, their proposals are disregarded. Scores of amiable enthusiasts every year claim of the French Academy the reward for the discovery of the longitude; but somehow they fail to prove their case. In like manner, pages are filled with the lists of infallible cures for the cholera, all of which have been zealously tried, and yet cholera defies specifics, although, in many cases, it is amenable to scientific treatment. And yet, as sure as cholera shall visit us again, new prophets will find dupes; and their "cures," victims. And so it will always be. Just because there are diseases which, under particular conditions of locality, of virulence, of individual incapacity of resistance, and, we will frankly add, of yet imperfect medical knowledge, resist the best-directed efforts of science, there is always a succession of pretenders to medical omnipotence. As a general rule, their methods of treatment do not admit of being divulged—unless it be for a national grant of money; and some very indifferent bargains of this sort have been made by foreign Governments. In this country, however, it is found more profitable to embark in private speculations upon public credulity. The Government will, for a small fee, endorse a secret remedy with a stamp; but it prefers to share thus in the profits of charlatanry rather than to purchase inconvertible secrets. Its motto here is, "Caveat emptor:" let the buyer look to it, and the quack flourish.

Of course, all this is *à propos* of the last new secret "cancer-cure"—a cure which is probably no more new, and no more a cure, than are our arguments. We cannot be expected to refute delusions as old as the hills with objections ever new. All we can do is to prescribe the antidote as often as the morbid phenomena appear, in the hope that here and there it may be taken with good effect.

Be it known, then, that a greater than HIPPOCRATES, SYDENHAM, or JENNER has arisen in the person of a Reverend HUGH REED. He cures cholera, prevents small-pox without vaccination, cures phthisis, ovarian dropsy, and "many other incurable diseases," not forgetting cancer. What are his credentials? He is a clergyman of the Church of England, actually entrusted with a parochial cure. What should prevent so gifted a curate from ultra-crepidating and curing bodies as well as souls? It is, no doubt, more remunerative; and it is hard to fancy oneself "passing rich on forty pounds a year." But is not the special qualification of the Reverend HUGH REED further certified by Dr. EDWARD CRONIN? Dr. CRONIN is better than all men fitted to judge of clerical medicine. Does he not himself bear the archiepiscopal diploma of M.D.? And why should he not throw an edge of his ample healing mantle over his friend? Thus accredited, the Reverend Doctor is ushered before the world through the columns of *The Times*.

A clergyman who had been afflicted with some disease of the throat, which is not satisfactorily proved to have been cancer, first tries Dr. FELL; is relieved and relapses, and next tries Mr. REED; he is again relieved; he does not profess to be cured, but straightway, under a creditable emotion of gratitude, which overcomes his logic, writes to *The Times*, extolling the wonderful powers of the new cancer-curer. Here, then, is our Magnus Apollo fairly before the world. His good deeds are no longer to be whispered about in private circles. They court the widest inquiry, and challenge universal admiration. We withhold our admiration until we have inquired. Our first question is—Where are the cases, pronounced upon competent authority to be cancer, that have recovered under Mr. REED's care? Secondly, What is the length of time that has elapsed since the cessation of treatment, and the date of the alleged cures? Thirdly, in order that we may appreciate the influence of the remedies, we ask—What are the means that have been employed?

The only sort of reply that Mr. REED has thought fit to make to similar inquiries, has been to shelter himself under the vulgar subterfuge of imputing "violent prejudices" to those who invite him to justify his pretensions. It does not appear that even "his friend, Dr. CRONIN," has been made acquainted with more than "the general principles of the treatment, and many

of the remedial agents employed." When it is intimated that mercury, to the extent of causing profuse salivation, is one of his remedies, Mr. REED, with characteristic candour and boldness, replies, that "salivation is no ground for supposing that mercurials have been used," and that he "in general uses very little of mercurial preparations." He vouchsafes to inform us that his process of curing cancer consists in "neutralizing the "cancer by means of gases, and of destroying the remaining "diseases by specifics which have presented themselves to his "experience"! With this we must be satisfied. We learn, however, from another source, that one of his "gases" is chlorine. The chemist and physician can judge of the power of this gas to "neutralize cancer" in the living tissues. Audacity reaches its climax at the conclusion of the reverend cancer-curer's letter. After a long series of evasions, in which he exhibits his skill in suppressing the truth, he exclaims that his motto is, "Magna est veritas et prævalebit"!—which means that he will wrap himself up in his virtue, and let the truth, which he could tell if he chose, prevail as it can. Prevail it will we have no doubt, but hardly to Mr. REED'S credit.

It ought to be well known to the public, that the inquiries or conditions we have stated, are no more than what members of the medical profession exact from each other. We give, at least, this evidence of our good faith and freedom from prejudice, that our practice is open to the observation and criticism of all. The physician or surgeon who should come before his brethren with a secret remedy or method of treatment, would be scouted with ignominy from our ranks. We recognise no mystery in the exercise of the sacred trust reposed in us. If anyone of us thinks he has discovered a valuable means of cure, the first thing he does is to make it known, in order that others may repeat his observations, and put his practice to the test of extended experience. In our hospitals the treatment is pursued under public observation; and this in order that our treatment may be improved by the enlightened criticisms of others, and that the medical knowledge thus acquired may be promulgated throughout the world for the greater benefit of mankind. We need do no more than point to the wide difference between the ethical code of the legitimate professors of medicine and the veiled ignorance of the class amongst whom the Rev. Mr. REED has enrolled himself.

Nothing has given us more pain than to reflect in this manner on the conduct of a clergyman. Our first impression was, that Mr. REED might, through want of medical education and the teachings of medical experience, imagine himself to be in possession of a novel method of treating cancer successfully; and that Christian zeal to alleviate the sufferings of his fellow-creatures, under a most fatal and agonizing disease, had prompted him to depart for a time from the proper ministrations of his profession, and to disregard the laws of his country, in order the more effectually to make his remedy known. We grieve to find that we were in error. Modesty does not restrain him, for he pretends to cure cholera, ovarian dropsy, phthisis, and cancer. Humanity does not urge him, for he keeps his remedies secret. Christian benevolence does not move him, for he cures for money.

The Reverend HUGH REED, therefore, must be content to occupy the place he has selected for himself amongst that ignoble band, which numbers a MORISON, a HOLLOWAY, a VRIES, and others equally distinguished for science and philanthropy, amongst its members.

THE platitudes and meagreness of detail which frequently characterize a Royal speech, do not necessarily indicate that weighty affairs are not engaging the consideration of the high officers of State. On the contrary, the studied harmlessness of the language employed, and the delicate manner in which questions of moment are hinted at rather than expressed, denote often the gravity and complications of the subjects referred to; and it may be almost laid down as a rule, that the affairs treated of in such productions are the more important in proportion as the details respecting them are kept shrouded from observation. So long as no formidable enemies, plots, or dangers have to be encountered without or within, even State addresses and State papers may be found to contain an amount of circumstantial information calculated to enlighten the world in front of the curtain. But no sooner do these complications become developed than it is found necessary to preserve a wholesome silence, in order that no undue publicity may interfere with the means to be adopted for encountering evils, whether threatened or actually in existence. Hence the apparent meaningless tone which pervades some records officially made. The language of these often becomes "mysterious as of old," and almost assumes an Eleusinian darkness. What is true of Royal speeches, of ministerial explanations, of parliamentary committee reports, and certain other public announcements, may also become true, in a minor degree, of other records and official statements having a more limited scope and interest. It therefore by no means follows that no important business is transacted because little is said about it. Official persons sometimes very wisely bear in mind the axiom, that "Nature gave us two ears and one mouth that we should hear much and talk little."

The reports of the meetings and proceedings of the Committees of the London Medical Registration Association, some of which appear in the pages of the present and last numbers of THE LANCET, begin to wear an aspect of diplomatic mystery, which seems to indicate that much more usually transpires within closed doors on the evenings of meeting than it is deemed proper to commit to print. We believe that this surmise is correct. The Association, now organized as to its constitution, and its laws and regulations framed during the first year of its existence having become ratified by a general meeting of its members, has met with so much confidence on the part of the profession, that the meetings of its Committees are mainly occupied with the consideration of letters and communications relative to matters of a private nature, a reference to which in published reports would defeat the objects to be attained. It may, therefore, be fairly admitted that, if the reports we receive from that Association and other similar bodies do not contain a large amount of readable information, it is rather because such information is intentionally withheld, than that the materials for it are wanting. It would be a mere truism to assert that, if intelligence is conveyed relative to persons illegally practising medicine in various localities, or the advice of a Committee be asked as to the methods of proceeding in those cases, the steps to be taken in such matters might be effectually frustrated by undue publicity. It is with such occupation as that just alluded to, that the London Medical Registration Association has now chiefly to deal. It has come to be an important organ of medical police, and, like other bureaux of police, it has its secrets and its "black book," the particulars

of which are by no means destined to be made patent until fitting opportunities occur.

In one instance, the report of the last meeting of its Committee, which we publish this day at page 47, departs from the obscurity which veils some of the proceedings. It records a resolution of the Committee to adopt a recommendation, that a remonstrance should be forwarded by the President of the Association to the President of the Medical Council, relative to the admission of Messrs. HORTON and MEREDITH as members of the Royal College of Surgeons. The Medical Council, having the control over medical education, and, by Clauses 20 and 21 of the Medical Act, over the curricula as adopted by the Colleges, has certainly the power to interfere with the proceedings of the College of Surgeons in such a case. Mr. FERGUSSON, the President of the London Medical Registration Association, and who took the chair at the last meeting of the Committee, made the announcement that he should feel it to be his duty, as President, to carry out the views of the Association by communicating the remonstrance in question to Sir BENJAMIN BRODIE; and the hearty spirit manifested by Mr. FERGUSSON in behalf of professional interests, as shown on this and other occasions in which the Association is concerned, affords cause for sincere congratulation.

THE proceedings of the Court of Examiners of the Royal College of Surgeons of England, in relation to the admission of uneducated persons to examination, is regarded by the great body of the profession with alarm and disgust. It was thought impossible that a corporate body, which is the nominal representative and guardian of the interests of English surgeons, should so far forget their duties and privileges as to place themselves in antagonism to their constituents, by setting at defiance an Act of Parliament which was enacted expressly for the protection of the public and the legitimate practitioners of surgery. The Examiners of the College of Surgeons have inflicted a deep injury on their members by their late proceedings in regard to the admission of uneducated persons to the membership of the College. They have subverted or evaded the letter and spirit of an Act of Parliament. Instead of setting a wholesome example by complying, as was their manifest duty, with a beneficent and equitable statute, they have treated it with contempt, and given opportunities for offenders to escape the penalties which it enacts by throwing over them their corporate shield.

The surgeons of Cheltenham are about to address them on the subject. Their protest will be found at page 46 of the present number of THE LANCET. It is to be feared that much mischief has already been done—that numerous acts of injustice to the profession have been perpetrated; but we commend the example of the Cheltenham surgeons to our professional brethren throughout the country. Protests of a similar character should be forwarded from every town in the kingdom. They may not, possibly, succeed in arresting the suicidal course of the Board of Examiners, but they will tend to show that irresponsible body that public opinion is against them. That Board must eventually succumb to a power which controls the highest authorities; and if the protestors fail in this particular instance to stem the evil, they will cover with irretrievable shame those who, in despite of law and equity, pursue a course of conduct which stamps them with merited disgrace.

Medical Annotations.

"Ne quid nimis."

DEATH IN THE NURSERY.

VERY dangerous presents are often made to children. It is the peculiar happiness of juveniles to test, in many homely ways, the strength, flavour, and combustibility of whatever toys are placed in their hands. The tendency to apply the tongue to all painted toys affords a temptation which only the strongest-minded children can resist; and licking the face of a favourite doll, or the surface of a painted ball, appears to afford pleasure which few can forego. Remembering these infantile idiosyncrasies, kind mammas and generous uncles should endeavour to ascertain that such coloured toys as they give are not painted in mineral colours. Very serious accidents—if we mistake not, deaths—have occurred from licking the aërial bladders which were recently so popular in the nursery. Many of them were painted with arsenical pigments. A sad accident, which occurred this week, at Lyons, points to another favourite toy as a possible source of the most serious misadventure. The *concierge* of the theatre there had presented a box of paints, as a new year's gift, to his son, a boy of about ten years of age. The little fellow was highly delighted with his new acquisition, and passed the whole evening in colouring a large portrait of Garibaldi. Most probably he wetted his pencil or his paints with his tongue; for, in the middle of the night, he was attacked with a violent colic, and died in a few hours, evidently from poison. In the same way the drastic purgative properties of gamboge are not uncommonly developed to a very unpleasant extent. The unfortunate event above described affords an important caution, which will not, we hope, be lost in England.

ORGANIZATION OF THE IRISH MEDICAL OFFICERS.

THE agitation amongst the profession in Ireland which has followed the unjust treatment of Dr. Wall, medical officer of the Dunmanway Union Workhouse, is not likely to abate without solid and satisfactory results. The conduct of the Poor-law Commissioners has called down the strongest reprobation of all persons interested, whether medical or non-medical. His dismissal was the result of a partial investigation, held before a non-medical official, and one who was, as such, incompetent to pronounce an opinion on the case. That decision has been reversed by the universal opinion of the profession, and the board of guardians concerned. The subsequent conduct of the Commissioners was ludicrously dictatorial and shamefully oppressive. The guardians of the union—not remarkable in such cases for their sympathy with the medical officers—have shown their sense of the conduct of the Commissioners towards Dr. Wall by unanimously resolving to open a subscription "as a small expression of their feelings towards him." Their example in this respect has been followed by the medical associations of Cork and other parts of Ireland. The County Londonderry Medical Association have stigmatized the reply of the Poor-law Commissioners to the respectful remonstrance of the Irish Medical Association praying for a re-investigation of Dr. Wall's case, and signed by Dr. Whistler as chairman of the council of the Association, in the same terms which we applied to it—as discourteous and insulting to the profession; and the observations personally addressed to Dr. Whistler as an unconstitutional assumption of authority, and a tyrannical attempt to stifle that expression of feeling on a public question which is the undoubted privilege of every British subject. The attention of the local members of Parliament will be drawn to the matter, and their influence solicited. A general meeting of workhouse medical officers is also summoned for the 17th inst., to meet in Dublin, for the purpose of representing their body in reference to the proposed and other amendments

of the Poor Law and Medical Charities Act, and to appoint a standing committee to watch and protect their legitimate interests and those of the valuable institutions with which they are connected. Thus the union medical officers of Ireland are acting with a vigour and unanimity which augur success, and afford an example to their brethren in England.

FEAR OF HYDROPHOBIA.

THE lovers of Goldsmith will have a lively recollection of his "Elegy on the Death of a Mad Dog," who, having contracted an enmity to a man at Islington,

". . . . . to gain his private ends,
Went mad, and bit the man.
. . . . . .
"The wound it seem'd both sore and sad
To every Christian eye;
And while they swore the dog was mad,
They swore the man would die.
"But soon a wonder came to light,
That shew'd the rogues they lied;
The man recover'd of the bite,
The dog it was that died."

This incident has been repeated, with some whimsical variations, in a singular case tried a few days since by the Civil Tribunal of Tours. It was an action brought by a physician of the name of La Grenadière against one of his neighbours, of the name of Soudié, to obtain 2989 francs, as damages for having been bitten by a dog belonging to him which he conceived to be mad. It appeared that as the physician was one day taking a walk, M. Soudié's dog suddenly rushed forward and bit him in the leg. The physician went home crying out that the dog was mad, and that consequently he himself was sure to die of hydrophobia. He then, with great resolution, applied burning-irons to the part bitten, and, according to his account, contemplated blowing out his brains, in order to avoid a more horrible death. By the advice of his friends he afterwards went to St. Lizaire to take sea-baths; but so convinced was he that he would become enraged, that he had himself accompanied by a keeper furnished with a strait waistcoat. He subsequently consulted M. Velpeau and other eminent practitioners, and from what they said he became somewhat calmer, but could not for a long time free himself from the idea that he was destined to become mad; and this idea was strengthened by the fact that when, on Soudié assuring him that the dog was not mad, he had requested that person to allow himself to be bitten by the animal in his presence, Soudié had declined. For all this anxiety of mind, and for the expense of consulting physicians, the plaintiff maintained that the sum he demanded was reasonable. M. Soudié, in answer to the action, represented that the physician was well known for his eccentricity, and that the action ought not to be considered serious; that, in fact, the charge of madness was altogether misplaced. As, however, the plaintiff had been bitten by the dog, he offered him 214 francs, which he considered was sufficient. The tribunal ordered 500 francs to be paid.

VIOLENT DEATHS IN 1859.

THE reports of violent deaths in 1859 are analyzed by a contemporary. These reports are, however, by no means complete. There were 26 cases of death by murder, and 5 by poison not wilfully taken; 9 by burns and scalds; 9 by drowning; 25 by suicide; 10 by explosions and machine accidents; and 36 by miscellaneous "accidents," so called, including railway accidents. One person was killed by lightning, 1 by hydrophobia, and 3 died of starvation or neglect. Three deaths were remarkable for the peculiarity of their causes: thus, a child was killed by a turkey; one person by a fall whilst somnambulising at night; and one, probably a soldier, by the tightness of his stock. The suicides are very numerous. Many were by poison, such as aconite, oil of vitriol, and prussic acid —the favourite means in this country of opening the door of escape from the evils of a troublesome world. One suicide burnt herself to death; and one, forcibly illustrating the unaccountability of tastes, sought what Owen Gertrude would have called "a muddy death" at the bottom of the Serpentine. In only one case did a coroner's jury return the unusual verdict of *felo de se*, the only effect of which *quoad* the suicide is, the refusal of funeral rites, and the burial of the body by torch-light—not in a cross-road, but in a cemetery.

CITY CHURCHYARDS.

DR. LETHEBY has communicated to the Common Council of London an important report of investigations into the state of church-vaults and burial-grounds of the City, undertaken at the request of Mr. Grainger. He found in seventy-one churches every available space between the floorings of the buildings gorged with putrefying matter—the remains of the dead that have for ages been there deposited. The vaults, aisles, and porches were crammed with corruption. Separated from this rank bed of noxious effluvia by a few inches of earth and a partition of wood or loose stones, worshipped the unconscious multitude; and as the air is rarefied by the heat of gas and fire, and the presence of many people, the rank vapours were thus especially drawn out in abundance, and the unconscious worshippers have breathed an atmosphere of corruption, and it is impossible to say how many have "sickened unto death."

Dr. Letheby indulges in a little declamation on the vanity of attempting to preserve the living amongst the dead, of which the object is very laudable. The peculiarly forcible style of Dr. Farr, and the Germanic profundity of the reports of Mr. Simon, have influenced the literary manner of modern sanitarians to a very remarkable degree. Medical Officers of Health write their reports as though they were inditing school theses; and we are astonished to find reports on dust-bins, rag-heaps, and slaughter-yards, glittering with classic ornament, and bristling with pointed antitheses. We can imagine that many worthy citizens will be greatly puzzled to understand Dr. Letheby's eloquent talk about the preordained circulation of organic matter, and the eternal fiats of Nature, who would very easily comprehend a simply-worded explanation of the defects of "air-tight coffins," at which Dr. Letheby's thunder is indirectly aimed. The solid value of such reports is, to our mind, rather deteriorated by their declamatory diffuseness.

The practical means employed have, however, been of an undoubtedly useful character. The vaults have been fumigated with chlorine; the coffins rearranged in dry earth, covered with powdered charcoal; and atmospheric ventilation provided. Dr. Letheby justly protests against utilization of graveyards as building-grounds, since it would not only be dangerous to the community to lay bare the putrid remains of the dead, but the inmates of the houses would suffer from the subjacent corruption. They should remain as grass-grown, open spaces, and in this way they will promote, as otherwise they would destroy, the health of the citizens.

A DISPUTED LEGACY.

THE will of the late Lord Seymour, made in Paris, contained a clause bequeathing the residue of his estate to the hospitals of Paris and London—"aux hospices de la ville de Paris et de Londres." This remarkably vague and comprehensive bequest is likely to be the subject of considerable legal discussion, and probably of litigation. The interpretation of all the words of the clause is open to doubt, and the executors have been advised by Mr. Calmer to state a case for Chancery. The whole affair is now, therefore, in the hands of the lawyers, who are likely to have some very pretty pickings. The first question to be decided is as to the meaning of the word "hospices." Does this mean merely hospitals, and not infirmaries or asylums? and, if so, what constitutes an hospital? Then, again, a difficulty arises as to the meaning of the words "ville

de Paris et de Londres." Does this mean city of Paris and London, or city of Paris and city of London? The authorities of St. Bartholomew's Hospital are naturally disposed to put the latter interpretation on it; and as the Hospital of St. Bartholomew is the only hospital within the city of London, the whole of the London share of the legacy would fall to that hospital. This would, at least, simplify the matter. For, otherwise, after all these knotty points are decided, it remains to settle the question of proportions; and we are altogether unable to see how this can be done satisfactorily, or what principle can be invoked. If the extent and size of the large and rich hospitals govern the amount, then an obvious injustice will be done to smaller institutions which are wholly unendowed. We think, however, that it is not very difficult to see to whom will fall the oyster, and to whom the shell.

KING'S COLLEGE HOSPITAL.

(FROM A CORRESPONDENT.)

THE present state of, and proposed alterations in, the staff of King's College Hospital, have been forcibly brought under the notice of the profession by your correspondents during the last fortnight. Being of modern foundation, King's College Hospital differs from kindred institutions in not being in any way under the control of the subscribers or governors; for, by its Act of Incorporation, all power of government is vested in the Council of King's College—a body consisting of some twenty members. There is, of course, a Committee of Management at the hospital; but this has to do merely with the economics of the institution.

It has been certainly not for want of advertizing if the profession does not know that the staff of the hospital, for the last three years, has consisted of three physicians and three surgeons (with care of in-patients); one physician and two assistant-physicians, together with one surgeon and two assistant-surgeons (with care of out-patients); besides a physician-accoucheur, with care of both. These out-patient appointments attracted some little attention at the time they were made from the fact that equal rank was not accorded to all the officers; but it was generally understood that the senior rank was a species of brevet, and would not entail further promotion. Another novelty was, that the assistant officers were to be on duty for only six months at a time; but this, again, was explained by the fact, that one at least of these gentlemen also held an office in the College which fully occupied his time in the winter months.

Things appear to have worked smoothly enough up to Christmas last, when the assistant-physicians and surgeons were astounded at receiving a formal notice from the Council of the College that it proposed to re-elect them for a period of three years from May next, at the expiration of which period they would be ineligible for re-election. To this the assistant-physicians and surgeons reply in their memorial, that since at the time of their appointment they were told that they were subject to re-election for other three years, and not a syllable was said as to non-eligibility for further appointment, they had always considered that re-election would take place *every* three years as a matter of course, provided they gave satisfaction in the performance of their duties. I can bear witness as to this having been the general impression throughout the profession, which was confirmed by the fact that two members of the in-patient staff (Dr. Todd and Mr. Bowman) were appointed on similar terms—re-election every five years. It seems probable that this new resolve of the Council would have remained longer in abeyance but for the sudden resignation of Dr. Todd, owing to his increasing duties in private practice. Within a few days of that event, and at a period of the year when most of the members were out of town, a meeting of the Council was called, Dr. Beale's brevet was converted into substantive rank, —without any public notice of a vacancy amongst the in-patient physicians, or any invitation to candidates to come forward,—and the junior officers served with notice to quit.

I would ask whether it is fair to the public, or just to the profession, that important appointments at a public charitable institution should be made in this manner? It is with no wish to engage in personalities that I ask, has the officer who has been promoted so gained the confidence of his colleagues and pupils; or, on the other hand, have the officers who are to be cashiered so disgraced themselves, as to merit the several awards of the Council? It is understood that the plea of the Council for the arrangement regarding the juniors is, that it will give them a large number of men from whom to choose when any vacancy shall occur amongst the seniors; and, moreover, that the appointments will serve as prizes to the most diligent students, who will be able hereafter to tack on to their names "late assistant physician (or surgeon) to King's College Hospital." Now, King's College has long been notorious for its devotion to the prize system. Scholarships, medals, and prize-books abound, and no doubt form an attraction for students entering the profession, though what effect they may have upon their after-welfare is quite another question. Perchance these appointments may attract a few extra students, but what will the public, and the subscribers to the hospital especially, say to the poor being entrusted, without any supervision, to the care of inexperienced young men? As it is, the immense number of out-patients at the hospital obliges the medical officers to entrust a large proportion of them to the care of students, but there is always an experienced medical man to fall back upon in cases of urgency or danger. Soon, however, even this safeguard will be swept away.

But let us take a broader view of the whole question, and look at the effect such arrangements will have upon the profession. Such a proceeding at one hospital will be reflected upon the others. If it becomes known that the assistant physicians and surgeons at one are merely students, the public will naturally conclude that the officers at other hospitals are of the same standing, and thus irreparable damage will be done to able and learned men. Again, it is in the out-patient rooms that the student must learn to treat the diseases of every-day life, common enough it is true, but which form the staple of private practice. From whom will he gain instruction, or by whom will his attention be called to points of diagnosis, if the medical officers be men of little experience, and but slightly senior to himself?

It has hitherto been always supposed that hospital physicians and surgeons were men who have been content to devote years to the study and examination of cases of disease, and hence the value of their opinion in cases of difficulty. If we inquire at what period they had these opportunities for study, we find invariably that it was while filling the junior offices of an hospital during several, perhaps many, years. Should the plan of changing office every two years be carried out, we must say good-bye to all extended experience in years to come.

There is another point which must not be lost sight of as respects these appointments. It is to the juniors generally and naturally that we look, both from their time of life and their greater leisure, for original work and research, more particularly in pathology and morbid anatomy. Let the authorities of King's College look at the work done in the post-mortem rooms and museums at Guy's, St. Thomas's, the London, or St. George's, by the junior officers, and compare it with their own uncatalogued museum and imperfect post-mortem arrangements. Would it not be better to encourage able and intelligent men to devote some of their time to improving these matters, than to cast them adrift in the way proposed? The plan can only bring down dishonour and damage upon the institution in which it is carried out; and it is doubtful whether any honourable man can come forward to fill the vacancies thus caused.

QUALIFICATIONS OF POOR-LAW MEDICAL OFFICERS.

Poor-law Board, Whitehall, Jan. 3rd, 1860.

SIR,—I am directed by the Poor-law Board to transmit to the guardians a copy of a General Order which they have issued, relative to the qualification of medical officers to be hereafter appointed by the guardians.

The full qualification which has hitherto been required by this Board for such officers has consisted of a competent knowledge of medicine and surgery, and the legal capacity to exercise both those branches of medical science in England.

The then existing law did not enable any person to practise medicine in England who did not possess a diploma or licence conferred upon him by some public constituted authority of that country, and consequently the qualification for medical officers was specially limited in the General Consolidated Order, in regard to Medicine, in the manner prescribed in that order.

But the alteration in the law effected by the Medical Act of

1858 has removed the previous restrictions upon persons possessed of qualifications emanating from authorities out of England, and has enabled the persons registered under that Act to practise, according to their respective qualifications, medicine or surgery, or medicine and surgery, in any part of her Majesty's dominions.

The Board have therefore deemed it advisable to modify the provisions of the General Consolidated Order, and to enable any person who can establish his qualification to practise both medicine and surgery by the production of proper testimonials, issued by competent legal authority in any part of the United Kingdom, to be a candidate for the office of medical officer in the unions to which the order is directed.

The terms of the new order appear to the Board to be sufficiently explicit in themselves to render any detailed explanation unnecessary. The Board think, however, that it will be convenient if they point out to the guardians the nature of the testimonials which may be submitted to them, and what qualification will be established by such testimonials.

The following list will give the best information which the Board at present possess on the subject:—

Authority granting the Qualification.	Nature of Qualification.
The Royal College of Physicians of London	Licence in Medicine.
The Royal College of Physicians of Edinburgh	Licence in Medicine.
The Royal College of Surgeons of England	Licence in Surgery.
The Faculty of Physicians and Surgeons of Glasgow	Licence in Surgery.
The Royal College of Surgeons of Ireland	Licence in Surgery.
The Society of Apothecaries, London ...	Licence in Medicine.
The University of London	Degree in Medicine.
The University of Edinburgh	Degree in Medicine.
The University of Oxford	Degree in Medicine.
The University of Cambridge	Degree in Medicine.
The University of Glasgow	Degree in Medicine. Degree or Licence in Surgery.
The University and King's College, Aberdeen	Degree in Medicine.
The Marischal College and University, Aberdeen	Degree in Medicine.

The Board are aware that this list is not complete; but they have no adequate information at present as to the nature of the diplomas, degrees, or licences granted by any other bodies than those just specified. They wish the guardians, however, to bear in mind that the provisions of the order are general, and include all diplomas, degrees, or licences "granted or issued by competent legal authority in Great Britain and Ireland;" and they will readily afford the best advice in their power to the guardians in any case in which a candidate for the office of medical officer may submit to them testimonials of his qualification to practise medicine or surgery emanating from any body not enumerated in this circular.

In this order the Board have only provided for the complete qualification of the medical officer; and any special cases which may occasionally occur where a fully-qualified candidate cannot be obtained, must be provided for by the guardians under the provisions of the general order bearing date the 25th of May, 1857.

It will be observed that the order will only operate in respect of appointments to be made after the 1st of March next, and that it does not interfere with the registration of the officer, which is an additional requisite imposed by the above-mentioned Medical Act of 1858.

I am, Sir, your obedient servant,

To the Clerk to the Guardians. H. FLEMING, *Secretary.*

To the Guardians of the Poor of the several Unions named in the Schedules hereunto annexed; to the Clerk or Clerks to the Justices of the Petty Sessions held for the Division or Divisions in which the said several Unions are respectively situate; and to all others whom it may concern.

Whereas, by a General Order, bearing date the 24th day of July, 1847, addressed to the several unions named in the first schedule hereunto annexed, and by divers other orders addressed to the several unions named in the second schedule hereunto annexed, the Poor-law Commissioners and Poor-law Board respectively did prescribe the qualification for the office of medical officer in such unions;

And whereas by the Medical Act of 1858 it has been provided, that every person registered under that Act shall be entitled, according to his qualification or qualifications, to practise medicine or surgery, or medicine and surgery, as the case may be, in any part of her Majesty's dominions;

And whereas by the said Act it was also provided, that after the 1st day of January, 1859, which time was extended by an Act of the 22nd Vict. c. 21, to the 1st day of July last, no person should hold any appointment as a physician, surgeon, or other medical officer, in any house of industry, parochial or union workhouse or poorhouse, parish, union, or other public establishment, body, or institution, unless he be registered under the said Medical Act;

And whereas it is expedient that the regulations relating to the qualification for the office of medical officer in the unions aforesaid should be altered for the future;

Now, therefore, we, the Poor-law Board, acting in pursuance of the powers given in and by the Statutes in that behalf made and provided, hereby rescind, as regards every appointment to be made after the 1st day of March next, so much of any orders and regulations issued to the unions specified in the schedules aforesaid as prescribes the qualification for the office of the medical officers thereof.

And we hereby order as follows:—

ART. I.—After the said 1st day of March next, no person shall be qualified to be appointed to the office of medical officer under any of the orders above referred to unless he shall be registered as aforesaid, and shall be qualified by law to practise both medicine and surgery in England and Wales, such qualification being established by the production to the board of guardians of a diploma, certificate of a degree, licence, or other instrument granted or issued by competent legal authority, in Great Britain or Ireland, testifying to the medical or surgical, or medical and surgical, qualification or qualifications of the candidate for such office.

ART. II.—Evidence that any candidate was in practice as an apothecary on the 1st day of August, 1815, shall be taken to be equivalent to a certificate to practise from the Society of Apothecaries of London.

ART. III.—Any person being registered as aforesaid, who shall possess a warrant or commission as surgeon or assistant-surgeon in her Majesty's navy, or as surgeon or assistant-surgeon in the service of the honourable East India Company, dated previous to the 1st day of August, 1826, shall be qualified to be appointed to the office of medical officer as aforesaid.

ART. IV.—Nothing herein contained shall apply to the regulations contained in the General Order of this Board, bearing date the 25th day of May, 1857, which relate to the appointment or employment in special cases of persons not fully qualified.

[Here follows a list of unions included and not included in the General Consolidated Order.]

Given under our hands and seal of office, this 10th day of December, in the year 1859.

C. P. VILLIERS, *President.*
G. C. LEWIS.
W. E. GLADSTONE.
H. FLEMING, *Secretary.*

PROTEST ADDRESSED TO THE PRESIDENT AND COUNCIL OF THE ROYAL COLLEGE OF SURGEONS BY THE SURGEONS OF CHELTENHAM.

GENTLEMEN,—The undersigned have seen in THE LANCET and *Medical Times* a statement that the Council has granted the diploma of Member of the Royal College of Surgeons to two persons of the names of Horton and Merodith, who it appears have not passed through that course of education which the Council has made compulsory on all other candidates; who appear to have had no adequate qualifications for the honour conferred upon them; and whose chief merit apparently consists in the fact that some respectable gentlemen testified to their "general and surgical character."

The reply of the Council, through its secretary, to the memorial sent by the surgeons of Dudley has surprised and deeply pained us.

We regret that the Council should have violated its own rules of professional requirements, and completely ignored the exalted position which the Council is bound to maintain.

A Royal Charter was granted to the College of Surgeons to maintain the dignity of the profession, and to guarantee to the

public the soundness of the education and character of its members.

We protest against the indulgence granted by the Council of the College, as subversive of its honour; as a violation of the sacred trust reposed in the College by the charter; as an infringement on the rights and privileges of the fellows and members, which the College was legally and morally bound to uphold; as tending to lower the status of the profession by the admission of uneducated persons; and as setting an evil example to other similar institutions and corporations to tamper with their duties on false and mischievous pretences of compassion.

We deny that the Council has any just power to make exceptions in favour of half-educated persons, or that it has any legal right to grant diplomas to individuals who have not complied with the course of instruction which has been imperatively demanded of all other members.

We contend that the answer of the Council is not merely unsatisfactory, but that it is frivolous and derogatory; and that it tends to nullify the wholesome enactments of the Medical Act.

We feel the more anxious to protest against these derelictions of a Council which should be the guardian and the embodiment of the honour of the profession, since we have recently discovered that a petition to the Council has been numerously signed by many of the clergy, magistrates, and other inhabitants of this town, on behalf of an unqualified and totally uneducated practitioner for permission to offer himself to be examined in surgery, &c., after only six or twelve months of hospital education, thus seeking to induce the Council to relax the regulations respecting the course of instruction which it has hitherto insisted upon.

We are ready to certify that this person keeps an hydropathic establishment; styles himself a doctor of the Reformed Medical College of New York; that he has never attended any course of medical instruction whatever; that the knowledge of medicine, surgery, and midwifery, which he professes to know and practise, was acquired exclusively by reading; and that he undertakes to cure all diseases by botanical means, and that he has so practised for several years in this town.

We desire to express distinctly that we have no personal animosity against this individual, but we cannot think it right that the College should be ignorant of these facts, neither should we be fulfilling our pledge to the College to maintain its dignity and honour by withholding this information.

We are the more stimulated to perform our duty, since the Council on two former occasions, seems to have forgotten what was due to its own honour and the honour of the fellows and members.

We grieve much to be compelled to set forth this protest, but we deem it is warranted on public grounds and a sense of duty to ourselves, with a view to check any future innovations, and to guard the portals of the College against the intrusion of unworthy members. And we think it no breach of courtesy or duty to condemn the acts of a Council into which it may have been inadvertently betrayed through doubtful motives of lenity.

(Signed by) DR. ALLARDYCE, M.R.C.S.
DR. GIBNEY, M.R.C.S.
DR. CANNON, M.R.C.S.
DR. COLLEDGE, F.R.C.S.
DR. WOLLASTON, F.R.C.S.
MR. EVES, F.R.C.S.
MR. RUMSEY, F.R.C.S.
MR. ELCUM, M.R.C.S.
MR. WINTERBOTHAM, M.R.C.S.
DR. HENRY BIRD, M.R.C.S.
MR. WM. DALTON, F.R.C.S.
MR. ANDREW SPITTALL, late of Coldstream Guards.

Cheltenham, Jan. 10th, 1860.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.

A MEETING of the Committee was held, at the offices of the Association, No. 5, Charing-cross, on the evening of Friday, January 6th. Mr. Fergusson, F.R.S., President of the Association, took the chair, and the meeting was pretty fully attended by members of the Committee.

Much time was occupied in determining the mode in which special meetings should be called, this object not having been fully provided for in the bye-laws, and such meetings being now repeatedly required by the urgent business pressing frequently upon the attention of the Committee. The Report of the Vigilance Committee, in reference to their proceedings during the month of December last, stated, amongst other matters, that it had been recommended to the Devonport Medical Registration Association, from which a complaint had been received relative to the registration of an individual who was possessed only of an Erlangen degree, granted *in absentia*, to send a strong protest to the Medical Council against the exercise of the discretionary power which permitted the name of a person no further qualified to appear upon the Medical Register.

Numerous communications relative to the practice of unqualified persons, and the steps taken with the view of putting a stop to the same, were reported on by the Vigilance Committee, and others came under the immediate cognizance of the Committee then sitting. Upon the question of the conduct of the Council of the Royal College of Surgeons as to the admission of Messrs. Horton and Meredith as members being brought under notice, it was moved, seconded, and carried, "That the recommendation of the Vigilance Committee, to the effect that a communication on the subject from this body be made to the Medical Council, be acted upon." It may be remembered (as stated in the last LANCET) that the Vigilance Committee recommended that a remonstrance should be forwarded to the President of the Medical Council by the President of this Association, calling attention to the course pursued by the Council of the College of Surgeons, also to Clauses 20 and 21 of the new Medical Act, and to the injury which would be inflicted by a continuance of such procedures as those which the College Council had adopted. Resolutions providing for the drawing up of this remonstrance were then passed, and the President, Mr. Fergusson, announced that he should feel it to be his duty, if called upon as the chief officer of the Association, to sign and forward to the President of the Medical Council the document in question.

A letter was read from the Hull Medical Registration Association, enclosing a subscription to the funds of the central body, and some other communications of a confidential nature were considered, after which the meeting terminated.

Correspondence.

"Audi alteram partem."

HYPERÆMIA OF THE EYE.

To the Editor of THE LANCET.

SIR,—Whilst following the ophthalmic practice at Paris for the last few months, I have noticed so many cases of hyperæmia of the retinal papilla as to induce me to look a little more attentively into the most common sources of this particular form of amblyopia than I had hitherto done, and the following are the results of my investigation:—

By far the largest number of patients thus affected are of the male sex, of all possible varieties of complexion and temperament. The causes of this complaint are of two kinds—the one, ocular, affecting the young and healthy; the other, cerebral, those of more advanced age, and possessing constitutions enfeebled by hygienic irregularities. The younger patients, varying in age from eighteen to thirty-five, are for the most part presbytic, and exercise professions requiring prolonged fixation of the eye on minute objects, and often obliging a constant use of the lens; they are jewellers, watchmakers, engravers, &c., and belong to those callings in which vision is at all times heavily overtaxed. All complain of the same tensive pain in the globe shortly after beginning work, the same sensation of fulness and general warmth in the brow, and flushing of the face preceding the dimness of vision. The symptoms subside on closing the eye for a few minutes, to return on a resumption of work. This fatigue of the focussing powers (*fatigue de l'accomodation*, as it is here called) is due, doubtless, to overstress of the ciliary muscle, in its efforts to shorten the visual focus. It produces, first, congestion of the choroid, and secondarily, and probably by direct compression of the retinal veins, a similar state in the papilla, mostly confined to this spot; and at the outset, at all events, encroaching but little on the rest of the nervous expansion. In early life, when the circulation is vigorous and the vessels contracted, such a condition subsides during the night's repose, and little is thought of the affection until lim-

ness of vision becomes persistent from derangement of the nutrition of the nervous substance. The patient then applies for relief, and the complaint is generally tractable enough in the early stages. Perfect rest of the eye, frequent cold douches, one or two cuppings or leechings, with an occasional blister and purgative, and weak neutral-tint convex glasses for any work that is unavoidable, very rapidly effect, if not a cure, at all events a great change for the better. The patient is, however, always subject to frequent and sudden relapses on returning to the same straining occupation.

The second common variety of this affection, the cerebral, is to be met with in persons of more advanced life, from forty upwards, and is the result of indulgence in alcoholic stimulants or in the excessive use of tobacco. The cerebro-ocular apparatus is partially paralysed (poisoned, in fact) by these toxical agents, and an obscure chronic form of delirium tremens co-exists with the amaurotic symptoms. This, then, is the dim sight so frequently noticed in habitual drunkards, smokers, and snuff-takers. The class most affected is the veteran pensioner, the old soldier who has introduced into his daily town-life the much-loved vices of the camp, and the sedentary *ouvrier*, who works in a garret, pipe in mouth, during the many hours of his toil. These patients very generally present unequivocal indications of cerebral disturbance; their speech, their movements, their memory, and general appearance, apart from the diminution of visual power, all point in the same direction. The ophthalmoscope reveals here a congestion far more extensive and of deeper red hue (concealing it may be the whole papilla) than is seen in the first variety, where this spot, though injected, is still easily definable, and of a less dark colour. In neither set of cases is apoplexy common. The distension in the first takes place in a system of vessels otherwise healthy and capable of resistance; in the second, it is gradual, and rupture is provided against by the much-enduring toleration of nature. Amblyopia of the last form is sometimes cured, and generally relieved, as far as my observations have gone, by treatment. The administration of opium in moderate doses (half a grain to two grains of the extract), night and morning, is a mode of practice which in M. Desmarre's hands I have seen particularly successful. The use of this drug here would at first sight seem empirical; but if we remember the valuable aid which it affords in real delirium tremens, we shall the more easily conceive its utility in a complaint of which the ocular symptoms are but a superficial manifestation of the deeper cerebral disorder.

I am, Sir, your obedient servant,

Paris, January, 1860. OPHTHALMOSCOPE.

MEDIAN LITHOTOMY.

To the Editor of THE LANCET.

SIR,—An interesting case of median lithotomy, following a very instructive lecture by Mr. Erichsen on the same subject, appeared in your journal of December 24th; and a general disposition appears now to prevail to give the plan a fair trial. It is very evident, however, that a great misunderstanding exists on the subject. We do not want a substitute for the knife in the cases of children, for hardly any operation can be more safe than the usual mode of lithotomy in these; and we are therefore hardly justified in making experiments where no useful result is to be attained. What we are in need of is, a substitute for lateral lithotomy in the adult, or for lithotrity when peculiarities forbid the latter operation. If the stone be very small, no doubt it might be easily extracted by such a procedure as that adopted by Mr. Teale; but when this surgeon fills up his statistical table by counting three for three extractions of pea-sized calculi from the same individual within a short period, he lessens the value of his calculations. No amount of success in operating by the revived median operation on children will throw any light on the question whether it be suitable for adults where the stone *may* be large. There is nearly as much difference between the prostate of a child and that of an adult in respect to dilatability, as between plaster-of-Paris when it is yet in a soft plastic state and after it has set. Mr. Allarton, and the Italian surgeons mentioned in his book, confide in the finger as the dilator; and certainly, as respects simplicity, there is an advantage in this over the resuscitation, by Mr. Teale and others, of the blunt gorget; but still the question recurs, Will the finger be sufficient to dilate, and not lacerate, the adult prostate? I believe, with Mr. Erichsen, that statistics have not proved the superiority, in late times, of the median over the lateral operation in adults; and until a better dilator than the finger or Weiss's instrument can be found, I should avoid this plan in all adult cases where the size of the stone is doubtful; justifying my avoidance by the fact that it has proved fatal in several recently reported cases of adults, and by the remembrance of the terrible fatality from the Marian operation recorded by John Bell and others.

I am, Sir, your obedient servant,

January, 1860. CHIRURGUS.

COMPULSORY VACCINATION.

To the Editor of THE LANCET.

SIR,—In Mr. Cleveland's letter of the 31st of Dec. last, p. 670, occurs this passage:—"However disagreeable it may be to inform against and prosecute parties for non-compliance with the Act, it must come to this; and the sooner the Legislature devise some enactment for this purpose the better."

I would beg to call the attention of Mr. Cleveland and others of your readers interested to this clause of the 20th and 21st of Victoria, cap. 97, sect. 8, which runs thus:—"Proceedings for penalties may be taken on the complaint of any registrar, public vaccinator, or officer authorized by the board of guardians, or by the overseers, respectively; and the cost of such proceedings shall be defrayed out of the common fund of the union, or out of the poor-rates of any parish not included in a union."

It will be seen that this clause rectifies an important omission in the original Act, which, although it directed that penalties should be enforced, neither said who should proceed against offending parties, nor provided means for payment of the cost of such proceedings.

I am, Sir, your obedient servant,

Wells, Somerset, Jan. 1860. HENRY W. LIVETT, M.D.

THE SPREAD OF INFECTIOUS DISEASES BY STREET CABS.

To the Editor of THE LANCET.

SIR,—As from your position you must be in constant communication with Medical Boards of Health and officers connected with it, in behalf of the numerous class obliged to make use of public cabs, I appeal to you to exert your influence to induce the Legislature to adopt measures to compel the hospitals, workhouses, and cemeteries to keep their own vehicles for conveying patients and bodies, and making it a severe punishment for any cab-driver to take them. Surely every father, husband, and brother will arouse themselves and endeavour, by public meetings and petitions to Parliament, to prevent this great danger to themselves, their wives, and children. Trusting you will use your influence,

I am, Sir, yours respectfully,

Brompton, January, 1860. A FEARFUL MOTHER.

MR. DICKINSON'S CASE OF IMPERFORATE ANUS.

To the Editor of THE LANCET.

SIR,—In continuation of my paper on a case of "Imperforate Anus," (see THE LANCET, May 28th, 1859, p. 534,) I now beg to inform you that I have obtained information about my patient, and that the child died two months after its return home from bronchitis; and that, up to the time of its death, the fæces passed per anum, and never per penem. I thus fulfil the promise I made to chronicle the final result.

I remain, Sir, your obedient servant,

J. E. DICKINSON, M.R.C.S.E.,
Civil Surgeon of Rangoon.

Rangoon, October, 1859.

QUESTIONS AT THE WRITTEN EXAMINATION FOR H.M. INDIAN MEDICAL SERVICE,

DECEMBER, 1859.

NOTICE TO CANDIDATES.

IN determining the relative merits of the candidates, so far as they can be ascertained from answers to printed questions, regard will be had both to the number of questions answered, and to the accuracy and completeness of each answer. But it is not expected that all the questions will be fully answered by

every candidate. For they are not only intended for ascertaining whether each candidate is qualified for an appointment, but for testing, by both their number and their difficulty, the relative abilities of the best candidates,—a design which is essential to a competitive examination, and which cannot be fulfilled unless some questions are asked to which only the best candidates can give good and complete answers.

NATURAL HISTORY, &c.

DR. HOOKER.

Answer five or more of the following questions—

1. Enumerate the vegetable anthelmintics, their scientific names, natural orders, and the countries whence they are obtained.
2. What are the principal substitutes for tea? Give their respective qualities and properties.
3. Enumerate the principal plants from which fermented drinks are prepared in different parts of the world.
4. What are the medical properties of the officinal plants in the natural order Compositæ? Give their names, and the tribes to which they belong.
5. What are the chief modifications of the flowers of grasses?
6. What natural orders of plants are characterized by an irregular monopetalous corolla with two or four epipetalous stamens?
7. Enumerate the integuments and contents of a dycotyledonous seed; and describe the process of germination.
8. What is meant by rotation of crops? and upon what physiological principles is it based?
9. What are the tribes of the class Aves? and how do they differ in structure and habits?
10. Describe the poison apparatus of the adder, bee, wasp, and scorpion, and their mode of action.
11. Enumerate the orders of Mollusca, giving an example of each.
12. What is chalk, chemically, structurally, and geologically?
13. Define tersely and accurately the terms fracture, articulation, intussusception, introversion, extrusion, adnate, polyhedral, elliptical, parabolic,—giving the derivation of each.
14. Give briefly the character and properties of proteine, fibrine, gluten, starch, caseine, elaine, stearine, and legumine.
15. What gases are given off from urinals and waterclosets? and how should the evils dependent on them be avoided in hospitals?

SURGERY.

MR. PAGET.

1. Describe the states named respectively "shock" and "reaction," as seen in such a case as that of a crushed limb.
2. Enumerate the chief varieties of inflammation of the testicle; and state the distinctive characters of each.
3. Give an account of secondary hæmorrhages, such as may occur after amputation, and of the best modes of treating them.
4. What ill consequences may follow dissection-wounds? and what are the best means of treatment, preventive and curative?
5. What are the chief means by which, in the reduction of herniæ, the "taxis" may be assisted? and in what conditions is each of them most useful?
6. Describe the process of repair of a tendon after subcutaneous section.
7. Describe the several diseases of the eye that are connected with syphilis and gonorrhœa.
8. A man, fifty-three years old, while under treatment for slight stricture of the urethra, was exposed to cold, damp weather, and next day had a severe rigor, followed by heat and sweating, and completely lost the power of passing urine. On each of the next two days he had similar rigors; and on the third day, he was not only still unable to pass urine, but had constant straining and extreme pain in his attempts to do so. During three days more, these symptoms continued, with rigors; and there were gradually added to them, pain in the perinæum and about the anus, tenderness on deep pressure in front of the anus, and heavy forcing pain referred to the lower part of the rectum. The bladder was regularly emptied with a catheter, and was not painful on pressure; the urine was generally healthy. What would you suspect to be the disease in this case? and how would you prove and treat it?

ANATOMY AND PHYSIOLOGY.

MR. BUSK.

1. Give a general description of the spinal column, and of the course of its ossification.
2. Describe the mode of development of a vertebra in general, indicating the exceptional cases (exclusive of the sacrum and coccyx).
3. Enumerate the various muscles, and describe their respective actions, by which the deformity witnessed in the following fractures is probably caused:—
   (1.) Fracture of the neck of the femur.
   (2.) Fracture of the lower end of the femur immediately above the condyles.
   (3.) Fracture of the lower end of the radius (Colles's fracture).
4. Describe the arch of the aorta, the relations of its various portions, and the dissection necessary to examine it; mention also the principal variations in the position of its branches.
5. Describe the parts contained in the space bounded in front by the posterior border of the sterno-mastoid, behind by the anterior border of the trapezius, and below by the clavicle.
6. Give a general account of the lymphatic and lacteal system, including the minute structure of the lymphatic vessels and glands.
7. Describe the physiological effects of the division of the vagi nerves.
8. Mention the parts in other vertebrate animals which are homologous with the human hand, or parts of it.

MEDICINE.

DR. PARKES.

1. Describe the symptoms and post-mortem appearances of tubercular meningitis in children under five years of age.
2. Describe the alterations to which the cerebral arteries are liable; and state the possible consequences of such alterations.
3. What is the treatment of extensive double capillary bronchitis in children and adults?
4. What are the symptoms, anatomical appearances, and treatment of cirrhosis of the liver?
5. A woman, aged fifty-six, was admitted into hospital with great œdema of the face and the upper extremities, and with immense turgescence of the cervical veins. The body and legs were entirely free from anasarca, and there was no evidence of renal disease. The heart's sounds were feeble, but without murmur. There was very decided dullness, with slight pulsation, without murmur, under the first bone of the sternum. The pulsations of the radial arteries were equal in both wrists.

   Comment on these symptoms, and state what diseases would afford a reasonable explanation of them. Mention also any symptoms (not given above) which you suppose may have been present.
6. Describe the various forms of polypus of the uterus, their diagnosis and treatment.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, Jan. 5th, 1860.

Glasier, George William, Lincoln.
Glenton, Frederick, Redcar, Yorkshire.
Hill, William Henry, Army.
Isherwood, Felix William, Clitheroe, Lancashire.

The following gentlemen also, on the same day, passed their first examination:—

Cliff, George, Redruth, Cornwall.
Davies, Henry, Carmarthen.

APPOINTMENTS.—A. Ernest Sansom, Esq., M.B. Lond., has been appointed Medical Registrar to the Royal Westminster Ophthalmic Hospital.

Thomas Carr Jackson, Esq., has been elected Surgeon to the Spinal Hospital, Portland-road.

On the 5th instant, Crosby Leonard, Esq., was unanimously elected Surgeon to the Bristol Royal Infirmary, in place of Mr. Harrison, resigned.

THE WOUNDED OF THE SPANISH WAR.—All the hospitals at Ceuta are full, and steamers have been fitted up as floating hospital-ships.

HARVEIAN SOCIETY.—The following is a list of officers for 1860:—*President:* Mr. Henry Thompson.—*Vice-Presidents:* Dr. Grailly Hewitt, Mr. H. Haynes Walton, Dr. E. Headlam Greenhow, Mr. J. C. Langmore.—*Treasurer:* Dr. Henry Wm. Fuller.—*Hon. Secretaries:* Mr. Weeden Cooke, Mr. Henry Charles Stewart.—*Council:* Mr. William Adams, Mr. I. Baker Brown, Dr. R. H. Goolden, Mr. G. Reece, Dr. J. B. Sanderson, Dr. W. Wadham, Dr. Albert J. Bernays, Mr. Chas. Browning, Dr. Archibald Douglas, Mr. Henry H. Harrisson, Dr. Edward S. Haviland, Mr. William Sedgwick.

ODONTOLOGICAL SOCIETY OF LONDON.—At the annual meeting, held on the 9th inst., the following gentlemen were elected office-bearers:—*President:* Mr. W. A. Harrison.—*Vice-Presidents:* Messrs. W. M. Bigg, C. Bromley, J. Tomes, J. Martin, S. Cartwright, jun., and T. G. Palmer.—*Treasurer:* Mr. E. Saunders.—*Honorary Secretaries:* Mr. T. A. Rogers (for foreign correspondence); Messrs. A. Canton and G. A. Ibbetson (ordinary).—*Council:* Messrs. J. B. Fletcher, R. Brookhouse, E. Sercombe, J. Heath, J. Underwood, H. J. Barrett, S. S. Berend, T. R. M. English, and W. A. N. Cattlin.

COLLEGE OF DENTISTS OF ENGLAND.—On Tuesday evening the second conversazione of the present session was held at the College, Cavendish-square. At eight o'clock a large number of professional gentlemen were assembled; and having inspected the various interesting objects displayed on the walls and tables, the company were favoured with an able address from one of the members, Dr. Shortt, of Madras. Dr. Cobbold, Professor of Comparative Anatomy to the Metropolitan School of Dental Science, then followed by giving an extempore and lucid explanation of some of the numerous diagrams and specimens exhibited. The meeting, which was of a most gratifying character, terminated soon after ten o'clock.

THE NEW MEDICAL ACT.—Mr. John Storey appeared before the city magistrates, Manchester, on the 3rd inst., upon an information charging him with holding out himself to be a surgeon, contrary to the new Medical Act. Mr. Cobbett appeared for the Manchester Medico-Ethical Society, in support of the summons, and Mr. Torr, barrister, for the defendant. The case had been adjourned from a previous day.

Mr. RICHARDSON stated that he saw the defendant in his house, Butler-street, on the 17th of December; and on his door there was a brass plate, engraved "John Storey, Surgeon." He had examined the register of surgeons, and the defendant's name was not in it.

Mr. TORR said the defendant was a most respectable man, and had been in practice for twenty years. Now there was an Act of Parliament which stated that, because he had "surgeon" upon his door, he should be fined for "falsely pretending to be a surgeon."

Mr. MAUDE said it was intended by the Act that, when a "surgeon" was spoken of, it meant a man who was a member of some society mentioned in the Schedule. It meant that, if a man broke his leg in the street, and saw a brass plate on a door with "surgeon" upon it, it would be a guarantee that such a person had received a proper medical education; but certainly the words in the Act were not the clearest.

M. TORR said that, suppose an eminent and well-known French surgeon wanted to come to Manchester, and put up his name, with "chirurgeon," would he be convicted under that Act for falsely pretending to be a surgeon?

Mr. MAUDE thought he would not be at liberty to use any term which would mislead. A pleader in the French courts would not be allowed here to style himself a "barrister-at-law," without the usual qualification.

Mr. TORR said he understood the Act to point out, in Clause 40, three offences. The first was, in the case of any person who should wilfully and falsely pretend to take or use any title of physician, surgeon, or general practitioner; the second, or any title or description implying that he was registered under the Act; and, third, that he was recognised by law as a surgeon. The Act did not say that no man should call himself a surgeon, but that no man should "falsely and wilfully" call himself a surgeon. He suggested that the Society should not press the summons, but have the matter argued before the Court of Queen's Bench; or, at any rate, that the Bench should merely reaffirm the opinion previously given, and not impose a penalty.

Mr. MAUDE said he understood the Act to mean that a man should not wilfully use the term surgeon, or any name implying that he was registered under the Act; the term "surgeon" meant that a man was registered under the Act.

Mr. TORR.—The defendant put up his brass plate twenty years ago; he could not then pretend to be registered under the Act.

Mr. MAUDE, in giving his decision, remarked that there was nothing said against the defendant's ability. The case had been decided in several places, and always in the same way. He must be convicted in a penalty of £10.

Mr. TORR applied for a case, and remarked on the necessity of the Act being amended.

Mr. MAUDE, in stating that there was power to compel a case, said that, if the Act were amended, it would clench the point, and parties would be convicted by language more clear and definite.

THE PHYSICIAN-ASTRONOMER, DR. LESCABAULT, the discoverer of the new intra-Mercurial planet, as to which priority of discovery is claimed by Mr. Chamberlain Scott, is a physician living at Orgères (Eure-et-Loire). M. Leverrier reports that Dr. Lescabault is a man of great learning, universally respected, and considered to have but one fault—that of troubling himself too much about the stars! M. Leverrier found at Dr. Lescabault's abode a regular observatory, *with instruments chiefly contrived by the Doctor himself*, in consequence of his very limited financial means. This ingenious physician, not having a chronometer, had, nevertheless, made for himself a pendulum striking seconds, by means of an ivory ball and a bit of string. The Doctor's observatory being strangely deficient in paper, his calculations were generally in charcoal on a deal board; and when it was full, the Doctor used to plane it down by way of cleaning it. This precious deal board, charged with the calculations relative to the planet, M. Leverrier has obtained, and has presented it to the Academy.

THE GALVANIC CAUTERY.—M. Georges has presented to the Academy of Sciences of Paris an improved apparatus, by which he applies, instantaneously, the galvanic cautery to the nerve of a tooth, and, as he says, destroys it painlessly.

HOSPITALS OF ROUEN.—The Committee charged with the civil management of the hospitals of Rouen have just published their report for the year 1858. The total income of the Hôtel Dieu and Hospice Générale amounted in that year to 1,365,717 fr., and the expenditure to 1,330,125 fr., leaving a surplus of 35,592 fr. From a short introduction prefixed to the report, it appears that an hospital was first founded at Rouen in the eleventh century.

CULTIVATION OF "GINSENG."—A St. Petersburg letter of the 24th December announces the inauguration of a scientific expedition to the Chinese frontier, under the direction of M. Maak, "to describe the south-east of the Mantchou territory to the frontiers of Corea, and examine especially the *ginseng* (a renowned medicinal plant); to study the geographical extent of the Mantchou territory, where the plant is propagated, and particularly the places where it grows naturally, and to examine and describe the plantations of the Chinese who cultivate it." A great number of Russians propose to establish plantations of *ginseng*, as an important produce for trade with China.

QUEEN LOUISA OF SWEDEN has published, under the pseudonyme of "Jane Wincome," a volume to be sold for the benefit of an hospital founded by the Queen soon after her arrival at Stockholm. It is entitled, "The Labourers in the Lord's Vineyard."

QUARANTINE.—Notices have been issued at Lisbon that the ports of Spain in the Mediterranean are considered clean. Oran is believed to be infected with cholera morbus, and all the other ports of Algeria are suspected of infection. At Venice, the ports of Gambia and Western Africa, New Orleans and Louisiana, Mexico and Brazil, are all declared to be infected with yellow fever.

YARMOUTH HOSPITAL.—This institution appears to be in a flourishing financial condition, a considerable balance remaining in hand. At a special meeting of the governors, held on the 29th ult., a report was presented from a committee with reference to the appointment of a physician, and the election of medical officers for life.

The Committee stated that the first question was, whether it was desirable to abolish the office of physician? and upon this point they were nearly equally divided in opinion. It was thought that it would be sufficient to have the services of surgeons; but it was recommended that a consulting physician, practising solely as such, should be appointed, and that three surgeons should be elected for life.

Mr. J. H. ORDE, in moving the adoption of the report, said

he thought the appointment of a consulting physician would add to the status of the institution.

The Rev. J. L. WORSHIP, on the contrary, moved,—"That the words 'consulting physician' be expunged from the report."

Mr. SEWELL said the appointment of a parish surgeon (Mr. C. Palmer) to the hospital was contrary to law, and had lowered the standard of the institution.

Mr. DOWSON replied that he was not aware of any law against such appointment. Mr. Palmer was an excellent surgeon, and had come forward when no one else would.

Mr. BURROUGHS said, if Mr. Palmer practised solely as a parish surgeon, it might be a subject for complaint; but such was not the fact.

The Rev. H. R. NEVILL observed that, at present, no gentleman in Yarmouth practised purely as a physician; and if any gentleman of sufficient eminence were to come, he would no doubt be elected.

It was then moved by Mr. ORDE,—"That one consulting physician, a graduate of any legally constituted university in the United Kingdom, and practising purely as such; and three surgeons, legally qualified to practise as such, and all having such qualification as the Committee may require, be elected, in future, for life."

The amendment, however, proposed by Mr. Worship, was repeated by that gentleman, and carried by 8 to 7. No physician will, therefore, be appointed.

HOW TO RENDER MUSLINS FIREPROOF.—Messrs. Versmann and Oppenheim, whose researches on this subject have been most carefully and scientifically conducted, advise the use of the following solution as the only one which can be recommended for laundry purposes:—A concentrated neutral solution of tungstate of soda is diluted with water to 28° Twaddle, and then mixed with three per cent. of phosphate of soda. This solution is found to keep, and to answer well. It has been introduced into her Majesty's laundry, where it is being constantly used. It is stated to be neither injurious to the texture or colours, nor in any degree difficult of application in the washing process. Its protecting power against fire is perfect.

PUBLIC PRIZES.—The Superior School of Pharmacy in Paris has been authorized by imperial decree to accept 500 fr. rentes, offered by M. Menier, pharmacien, for the foundation of an annual special prize for medical science. It will bear the name of the Menier prize. We should be glad to see such examples more frequent in this country.

NEW HOSPITAL.—A Coburg letter states that the King of the Belgians has just founded an hospital in that town, under the name of the "Leopold Foundation for the Treatment of the Sick," and endowed it with 100,000 florins. Corporate privileges have been conferred on the managers by the Duke.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JAN. 7TH, 1860.—The deaths in London, which rose to 1677 in the last week of 1859, fell to 1281 in the first week of the new year. This favourable result is due to a warmer state of the air, the mean temperature of which for the last fortnight has been as high as 44°, or about 8° above the average. It is satisfactory to notice a further decline in scarlatina. Adding diphtheria to this head, the numbers of deaths in the last three weeks were 99, 77, and 68. There were 20 fatal cases last week from diphtheria, 32 from measles. Small-pox was less fatal than in some previous weeks; the cases recorded declined to 32. Bronchitis was fatal in 159 cases; pneumonia in 98 cases. Four persons died of intemperance, 2 of delirium tremens; 9 children died by suffocation, 3 were murdered. Eight persons (all women) died at 90 and 92 years of age.

Last week the births of 1003 boys and 1005 girls, in all 2008 children, were registered in London. In the ten corresponding weeks of the years 1850–59 the average number was 1604.

Births, Marriages, and Deaths.

BIRTHS.

On the 28th ult., at St. James's-place, Old Kent-road, the wife of J. Anderson, M.D., of a son.

On the 7th inst., at Baker-street, Portman-square, the wife of Wm. Henry Watts, Esq., M.R.C.S.E., of a daughter.

On the 7th inst., at York-place, Edinburgh, the wife of H. D. Littlejohn, M.D., of a daughter.

On the 8th inst., at Bute-road, Cardiff, the wife of Frederick Pearse, Esq., M.R.C.S., L.R.C.P. Edin., of a son.

On the 10th inst., at Thayer-street, Manchester-square, the wife of Henry G. Times, Esq., M.R.C.S. & L.M., of a son.

On the 10th inst., at Soham, Cambridgeshire, the wife of R. Cockerton, Esq., M.R.C.S., of a son.

MARRIAGES.

On the 27th ult., at the parish church, Hove, Chas. Swaby Smith, Esq., M.R.C.S., Burbage, Wilts, to Margaret Tyssen, youngest daughter of the Rev. Francis Tebbutt, of St. Catherine's-terrace, Hove, Brighton.

On the 4th inst., at the parish church, Teigh, Rutland, Greville Tait, Esq., Medical Staff, Rifle Depôt Battalion, Winchester, to Antoinette Roberts, youngest daughter of the Rev. A. S. Atcheson, rector of Teigh.

On the 5th inst., at St. John's Church, North Brixton, Surrey, Wm. Richard Edwin Smart, M.D., K.L.H., Deputy Inspector-General of Hospitals and Fleets, to Emily, youngest daughter of James Adams, Esq., of Stockwell, Surrey.

On the 8th inst., at St. Pancras, Henry Sandland, Esq., of Lyons, France, to Sarah Ann, eldest daughter of Geo. Furber, Esq., M.R.C.S., of Melville-terrace, Camden-town, formerly of Malpas, Cheshire.

DEATHS.

On the 3rd ult., of lock-jaw, at Dharwar, Bombay, Edward Dawson Allinson, Esq., Staff-surgeon, aged 33.

On the 25th ult., at Dorset-square, Henry, aged one day; and on the 5th inst., Lionel George, aged 12 days, infant children of Geo. Saunders, Esq., Surgeon, Bengal Army.

On the 8th inst., at Oakley-square, aged 3 years and 11 months, Catherine Jane, only daughter of Edward Griffith, Esq., surgeon.

On the 8th inst., at Dawlish, Devon, Mary, wife of J. G. Welch, M.D.

On the 9th inst., at Park-place, London, E., from caries of the temporal bone, Elizabella, wife of Arthur Helsham, M.D., in her 60th year.

MEDICAL DIARY OF THE WEEK.

MONDAY, JAN. 16	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M. MEDICAL SOCIETY OF LONDON.—8½ P.M. Clinical Discussion.
TUESDAY, JAN. 17	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Prof. Owen, "On Fossil Birds and Reptiles." PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.
WEDNESDAY, JAN. 18	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M. HUNTERIAN SOCIETY.—8 P.M. ETHNOLOGICAL SOCIETY.—8½ P.M. Continuation of the discussion on Mr. Baines's paper, "On the Races of the Cape Colony and the adjoining districts of South Africa."—Mr. John Crawfurd, "On the Relation of Domesticated Animals to Civilization."
THURSDAY, JAN. 19	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M. ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light." HARVEIAN SOCIETY.—7½ P.M. Meeting of Council.
FRIDAY, JAN. 20	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. ROYAL INSTITUTION.—8 P.M. Prof. Tyndall, "On the Influence of Magnetic Force on the Electric Discharge." WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Mr. C. Hunter, "On the Importance of Free Respiration in Certain Conditions of the Brain."
SATURDAY, JAN. 21	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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THE LANCET *may be obtained from every respectable Bookseller or Newsman in the World.*

To Correspondents.

To ensure attention, our correspondents are requested to observe that every communication addressed to the Editor of this journal must be authenticated by the name and address of the writer. Such information is regarded as confidential, if so desired.

"*John Browne.*"—Under the Medical Act, a licentiate of the Apothecaries' Society cannot be registered under the designation of "surgeon." An apothecary is one thing, a surgeon is another. But we think it would be a needless act of punctiliousness to insist upon the apothecary dropping the title of "surgeon" as his general designation. Courtesy allows a licentiate of a College of Physicians to style himself "doctor," and, in like manner, courtesy should allow an educated member of the profession to style himself "surgeon."

A Constant Reader.—It would reckon as a medical diploma; but the possessor could not practise as an apothecary.

A late Scholar of King's College, and late Assistant-Physician to King's College Hospital, (North Wales.)—The publication of the letter would expose us to an action for libel. The subject will, however, receive our earnest attention, and it is to be hoped that the proceedings of the Council may be arrested.

A Visitor.—A card of admission to the Friday evening meetings can be obtained from a member of the Royal Institution.

Mr. T. Carr Jackson, (Weymouth-street.)—The communication shall be inserted.

THE MEDICAL REGISTER AND THE PHARMACOPŒIA.

To the Editor of THE LANCET.

SIR,—Can you kindly inform your numerous anxious readers what it is that causes the untoward delay in the printing and publishing the Medical Register? Last autumn, on attaining an additional medical title, I was told that on forwarding the particulars before the 1st of November, and on making a further payment of five shillings, (I had already paid two pounds,) I could ensure its insertion in the Register, which would be published on the 1st January, 1860. I was also informed from the Office, in the same letter, that the Pharmacopœia "would be published in a few weeks." I am now instructed from the same quarter that the former will not appear until the 1st February, and the latter till some indefinite period, beyond the middle of the current year. Surely there must be something radically wrong to cause such delays in the face of a specific Act of Parliament.

My friend, Mr. Kearns, of Kilkenny, has, I see, very wisely addressed you on the subject of the price of the Medical Register, and as I have it direct from the Office that the amount has not yet been fixed, I trust it will be such as to place it in the hands of every legally-qualified practitioner. It should not, and must not, be made a source of profit, but one of benefit and utility to the profession at large.

Your obedient servant,
Pembroke Dock, January, 1860. W. THOMAS, L.R.C.P.E.

M. A.—The offices of the Society for the Relief of Widows and Orphans of Medical Men in London and its Vicinity are at 53, Berners-street, Oxford-street. Dr. S. W. J. Merriman is the Secretary, who will supply any other information required.

A Plaintiff.—It has been decided by a county court judge, that the plaintiff in an action must adduce evidence of his right to recover by the production of the Medical Register, in which his name must appear.

WE have received a letter from *Professor Owen,* enclosing documents relative to John Hunter's work on Geology. They arrived too late for insertion in this week's number of THE LANCET, but shall appear in our next impression.

Henley.—We are not acquainted with any work on the subject.

Mr. Joseph Watts (Peshawur) will oblige by forwarding a report of the cases to which his communication refers.

Hanse.—Our correspondent is referred to the regulations of the Poor-law Board, published in this number. We fear the qualification is not sufficient. He might apply to the Medical Council.

Juvenis.—The qualification can be registered on the payment of five shillings.

Another Student, F. B., A Subscriber to the Hospital, A Young Physician.—We have not space to insert the letters that have been forwarded to us with the above signatures. It would be well if our correspondents would address the Council of the College on the subject. The course pursued by that body is not only most unpopular, but unjust, calculated to inflict serious injury on unoffending individuals, and to bring disgrace upon the hospital itself.

Query.—Next week.

R. M., a Reader, though not Professional, of THE LANCET.—Such questions cannot be properly answered in the pages of a public journal. Any respectable medical practitioner would be able to solve the difficulty under which our correspondent appears to labour.

Enquirer may read with advantage an excellent paper by "A Physician" in the last number of "Bentley's Magazine."

Alpha.—Dr. Marris Wilson's work, published by Tallant and Allen, Paternoster-row.

Mr. D. H. Sharpe.—Mr. Bishop, Bernard-street, Russell-square.

OBSTINATE FLOW OF TEARS.

To the Editor of THE LANCET.

SIR,—In reply to "Junius" on the above subject, I beg to remark, that if the excessive lachrymation is purely idiopathic, it would be well to apply a blister behind each ear, and keep it open if necessary by a repetition of the same. If there is any pain on pressure over the lachrymal gland, let him apply a leech or two to each temple. Collyrii are likely to do more harm than good. The following pill will be found of advantage:—Sulphate of zinc, one or two grains; powder of cantharides, quarter of a grain; extract of nux vomica, half a grain; extract of rhubarb, sufficient quantity: one pill to be taken after breakfast and dinner. If quinine is indicated, one grain or half a grain, with one drop or half a drop of the strongest sulphuric acid, may be substituted for the extract of rhubarb in each pill, to be made up with gum. Good diet, gentle exercise, and the cold douche to the orbits, ought not to be neglected.

The only cases of undue lachrymation which have come under the treatment of the writer were produced by onanism; at all events the affection was rendered chronic by this vice. "Junius" will do well to take a note of this.

I am, Sir, yours truly,
Liverpool, January, 1860. AMICUS.

Dr. H. will perceive, by reference to the present LANCET, page 45, that the qualifications which he possesses will entitle him, under the new regulations, to hold a Poor-law appointment.

Mr. W. A. Harrison.—Attention shall be paid to the request.

A Constant Reader, (Edinburgh.)—The report of Mr. Ernest Hart's case of "Popliteal Aneurism, successfully treated by Flexion of the Knee-joint," is reported in vol. xlii. of the "Medico-Chirurgical Transactions."

A Merchant.—There is no law to prohibit it.

THE publication of *Mr. Henry Thompson's* paper, "The Great Importance of Early Diagnosis and Treatment for Stone in the Bladder," is unavoidably postponed until next week.

Mr. A. W. shall receive the documents by post.

W. S.—The substance mentioned might, under judicious advice, be useful occasionally; but the disease requires to be observed and treated on scientific principles.

Mr. L. Harper.—No time is announced for its appearance.

OPEN SURGERIES AND BRANCH PRACTICES.

To the Editor of THE LANCET.

SIR,—My attention having been drawn to a notice inserted in THE LANCET of the 10th December last, whereby it appears complaints have reached you from several quarters of the injustice of the "Parrotts, who have borne the highest reputation for half a century," having opened a surgery at Tooting, and dispensed medicines almost gratuitously to the patients of medical practitioners resident in the parish, I have to inform you that my father, Mr. John Parrott, sen., has never been in any way interested in the above, as by certain arrangements with his son, Mr. J. C. Parrott, he retired from his professional duties on January 1st, 1859. I beg leave to add that I am fully persuaded your "many correspondents," who may be known to my father, will admit that he was the last man who would be desirous of encroaching on the rights, privileges, or just expectations of his neighbouring brother practitioners.

I remain, Sir, your obedient servant,
Stock Exchange, January, 1860. SEPTIMUS PARROTT.

COMMUNICATIONS, LETTERS, &c., have been received from — Professor OWEN; Dr. Brinton; Mr. Leonard, Bristol; Mr. Henry Thompson; Mr. Pearse; Dr. Tweedie; Dr. Henry Barber; Dr. Tilt; Mr. Canton; Dr. Basham; Mr. T. J. Woodhouse; Mr. Coulson; Mr. C. D. Doig; Dr. Steveking; Mr. Reilly, Yoxford, (with enclosure;) Mr. Cooper, Cromer; Mr. Woodd, Gunnislake; Mr. Chick, Manchester, (with enclosure;) Mr. Crowe, Liverpool; Mr. Littlewood, (with enclosure;) Mr. France, Dronfield; Mr. Mackinder, Gainsborough; Mr. Smith, Cosely, (with enclosure;) Mr. Martin, Chatham; Mr. Wills, Childe Okeford, (with enclosure;) Mr. Carruthers, Kegworth, (with enclosure;) Mr. Kennelly, Birmingham; Mr. Maltby, Shelton, (with enclosure;) Dr. Taylor, Deptford, (with enclosure;) Mr. Freeman, Isle of Wight; Mr. Caskie, Largs, (with enclosure;) Mr. Rowlands, Aberystwith, (with enclosure;) Mr. Lovell, Compton Martin, (with enclosure;) Mr. Cæsar, Pinner, (with enclosure;) Mr. Tullock, Colchester, (with enclosure;) Mr. Pitman, Eastbourne, (with enclosure;) Mr. Sawyer, Norwich, (with enclosure;) Mr. Lewis, Odiham, (with enclosure;) Dr. Sharpe, Coleraine, (with enclosure;) Dr. Corry, Belfast, (with enclosure;) Mr. Cadge, Norwich, (with enclosure;) Mr. Bowker, Appleby, (with enclosure;) Mr. Pilcher, Margate, (with enclosure;) Dr. Gwynne, Culverlands; Dr. Smallman, Willingham; Mr. Pickop, Blackburn, (with enclosure;) Dr. R. Knox; Mr. Wilson; Unfortunately Unqualified; It's all Humbug; A late Scholar of King's College; A Medical Assistant; A Constant Reader, Edinburgh; &c.